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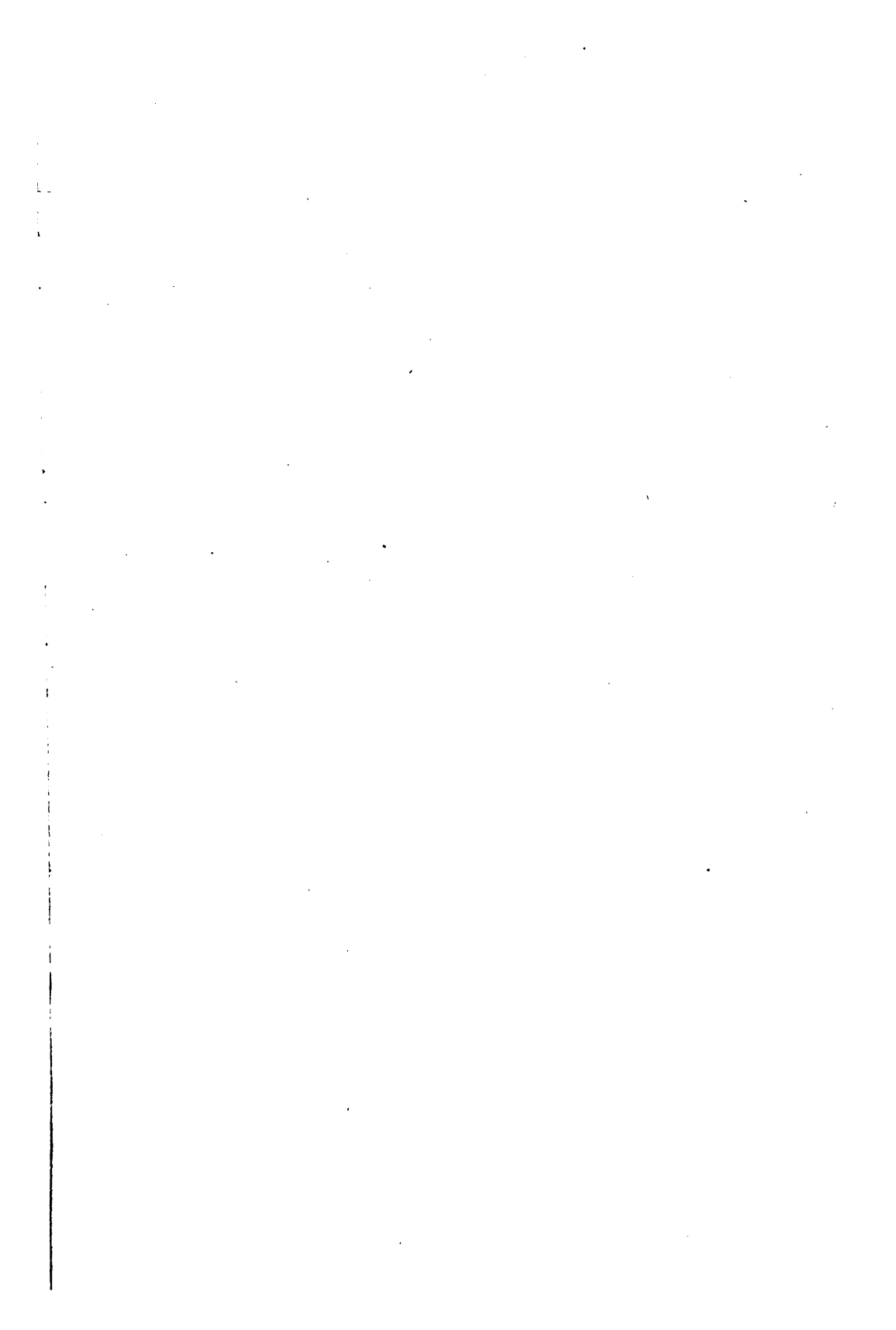
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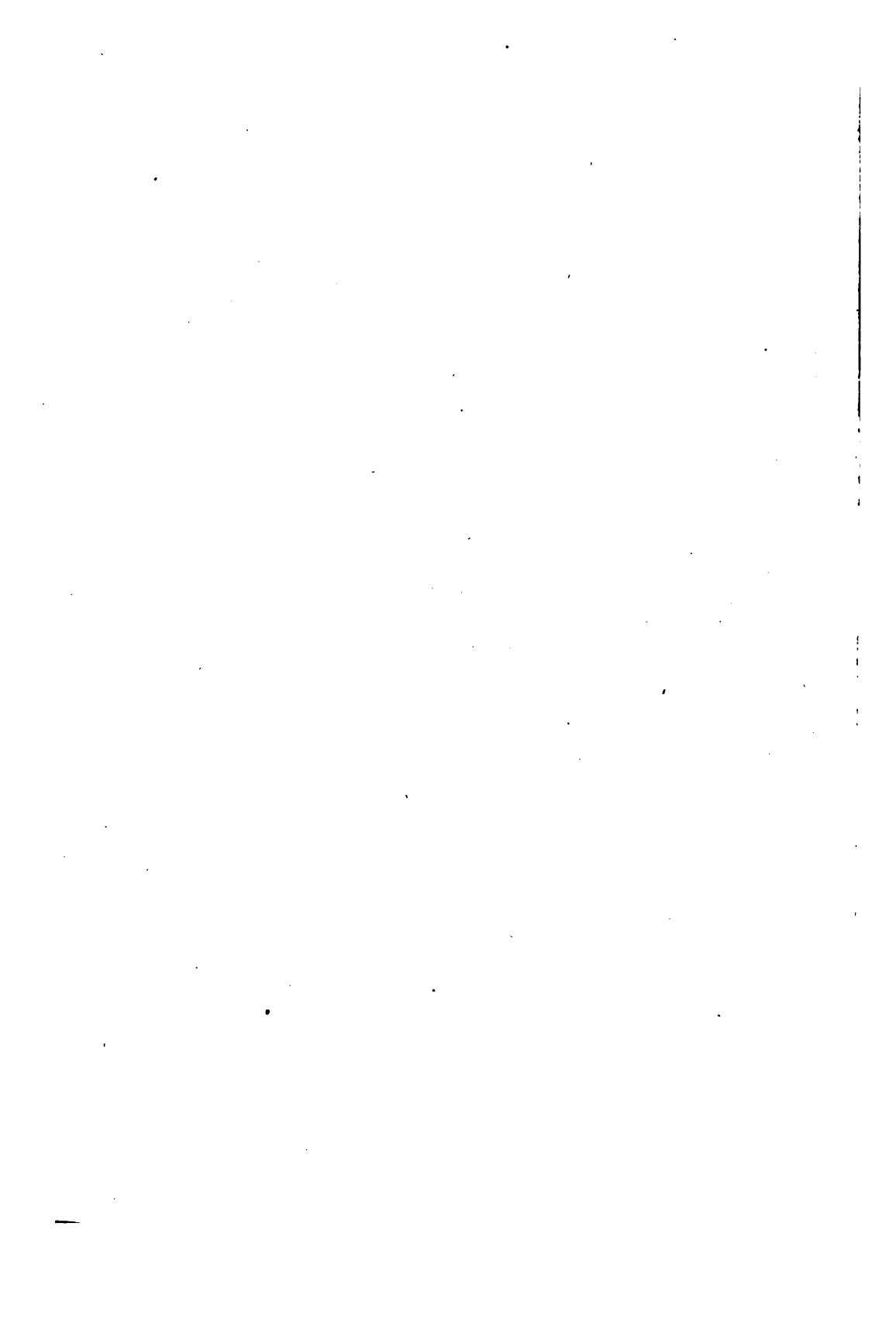
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THE ST. LOUIS
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VOLUME LXXVIII.

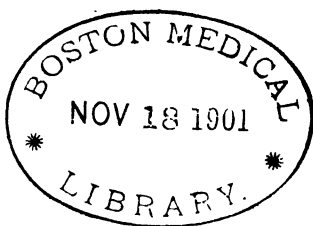
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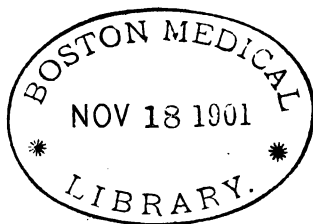
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ORIGINAL COMMUNICATIONS.

**QUOSQUE TANDEM, CATALINA, ABUTERIS PATIENTIA
 NOSTRA?**

BY ALBERT S. ASHMEAD, M.D., NEW YORK CITY.

Xavier de Mastre, sitting in his room, heard the clock of the cathedral of Turin strike midnight. This starts him on a train of philosophical reverie. Then another steeple, that of San Filippo Neri, announces the same message. Then another, Corpus Christi; and then another, that of La Gran Madre di Dio. Finally the dreamer jumps up, with nervous impatience, stopping his ears with his hands, and screams: "I know it! It is enough!"

To rouse from the medieval reverie the Xavier de Mastres of benighted Europe, I print again some correspondence on the leprosy question. Hark! the midnight hour is striking. Behold the dawn of a new century!

To Dr. T. Broes Van Dort, Rotterdam, Holland.

In the reprint of your article (*Zur Ætiologie der Lepra*) which you send me, you quote Dr. Ehlers as saying that there are 90 male and 67 female lepers in Iceland.

I wonder how a scientist who enjoys the confidence of the learned world as much as you do can make such a wrong statement! Dr. Ehlers found in Iceland, after laborious, dangerous, and, as he says, *disagreeable voyages*, not 158, but 159, lepers ("Je les ai payés"—he means *payées*—"de deux voyages peri-

leux et désagréables").—See one of his photographs of a leper, "au page 3 de son (Ashmead's) *dernier pamphlet*." He means à la page 3.

I ask no thanks for this rectification. But you see the least fragment of the glory of the great leprologist is dear to my heart. If you do it again I shall show you up to the whole medical world.

A. S. A.

To Dr. Wm. Munro, Ilford, London, England.

The editor of the *Lancet* labors under a misconception; the Impey discussion has been taken up in but one paper, the ST. LOUIS MEDICAL AND SURGICAL JOURNAL for May. Impey writes a long letter in answer to my query of last January. The "Melancholy of Leprosy" article has been accepted by the *Alienist and Neurologist* of St. Louis, to appear in the July number. The only other discussion that I know of is Ehler's attack on me in *Janus*, January and February. To this I made reply to the same journal.* I send you a reprint of the *New York Medico-Legal Journal*, June, 1898 (International Leper Law and Norwegian Leper Law), which gives the kernel of the whole controversy, and I shall await with interest Hansen's reply. He will be very much surprised that I have in reserve some ammunition which will cause some havoc in his lines.

A. S. A.

To Dr. Irwin, New York.

As I informed you last night, I wrote a reply to Fox's interview in the *New York Herald*, and sent it at once.

I also sent to the *Sun* some extracts from different authors about leprous contagion. If they do not feel surfeited with the subject they may publish them in a day or two. (They were published.)

It struck me that Fox's interview was puerile, and that his assertions don't hold water. What does it matter whether he, with ludicrous dogmatism, affirms leprosy not to be contagious and to be curable, when so many authorities, considerably superior to Mr. Fox, affirm the contrary? Even among newspaper men the resolutions of Berlin do not leave such stray dissentors a peg to stand on. The New York County Medical Society has made an ass (or collection of them) of itself. It deserves to be the laughing stock of the community.

A. S. A.

*It was not printed by *Janus*, but appeared later in the *Medical Herald* of St. Joseph.

To the Editor of the Journal of the American Medical Association.

I enclose a clipping from the *New York Herald*, March 11, in which I propose a plan for a national leper bill, to be presented to Congress. I hardly think it fair that the whole effort and trouble of combating the false position of the New York Board of Health, on the question of isolation, should fall on me. This position of the Board of Health, backed up by the New York County Medical Society, is irreconcilable with the conclusions of the Berlin Leper Conference. It is a very strange observation, and, to say the truth between you and me, I can hardly help think it *criminal*. Will you not in an editorial of your journal call the attention of the leprologists of America to this *scandal* of non-isolation in New York? Perhaps an impulse may be stirred in some of them, which will bring them to the front. This would signally strengthen my hand and relieve me of a kind of odium which I feel attaches to me here, as being the only man who is always harping on this confounded thing, and altogether taking too much on himself. There is not a medical journal in New York that would dream of putting itself at variance with that authoritative body, the New York County Medical Society. You know they are all *medical publishers'* journals.

A. S. A.

To Dr. Irwin, New York.

I write you these lines in order to make still clearer the matter to which I referred this morning. You may read these lines at your Quarantine Committee meeting at the Academy of Medicine to-morrow. I am drawing up an act for the suppression and prevention of leprosy in the United States, and I wish to turn this over when it is finished to your committee for action on it by the Academy, and, if approved, for presentation of it to Congress through the national representative of the State of New York. But before submitting it to you for Congress, I shall send a copy of it, approved and amended, to the health authorities in different States. These gentlemen will submit it to their respective boards of health, and whatever conclusions or suggestions are thus obtained, shall be duly considered. Only in its finished state shall this paper be submitted to Congress.

This act will include the appointment of a commissioner

on leprosy emigration laws, especially against countries known to be leprous.

Every State Board of Health will be privileged, not compelled, to turn over its lepers to the national commissioner. This is necessary because the States of Minnesota and Wisconsin have adopted the *mixed* isolation law of Hansen, and that without any inconvenience, because the dry climate of those States is by itself antagonistic to the bacillus. The same thing could not be done with impunity in most other States. But every State Board of Health will be *compelled* to take direct supervision of every reported leper residing within the State limits. This will be the only duty of the board, if the leper kept in his family can take care of himself; even in such a case it will be the duty of the board to see that isolation is *absolutely* and *at all times* practiced, and that the members of the family take the necessary precautions. General association with the patient is not prevented, but bodily contact, common use of certain articles, is. It is left to the State to send the other lepers either to the State asylum or to the National Refuge. The latter will be recommended. The only thing compulsory is isolation.

It will include also the proposition to set apart a portion of Yellowstone Park for a National Leper Home and Farm. It is proposed that all the lepers turned over to the commissioner shall be isolated there. The climate there is as good, that is as antileprous, as that of Minnesota. The park has also the advantage of being far from the coast line, for it may probably be said that leprosy is a disease of the coast lines; on the coasts, at any rate, are found the worst types.

These are the principles to be kept in view in drawing up this bill, subject to the changes which may be suggested by the eminent men to whom it will be submitted.

Will you, therefore, have your committee consider this matter, and let me know whether it will receive the bill, when duly prepared, and take action upon it.

A. S. A.

Dr. John Arthur Irwin, who is also greatly interested in the subject of leprosy, gave me a synopsis of his views on the question. He said:

“The subject of leprosy is important to the whole world, in consequence of the wide-spread of this most fearful curse of humanity within the last half of this century. Especially is the

question important to the citizens of the United States, because this country includes almost every variety of soil and climate, among which there must be many conditions favorable to the dissemination of leprosy.

“*Thinks Discussion Timely.*—The discussion is timely at this moment, because of impending political association with the world's hot-bed of leprosy, where ten per cent. of the entire population are infected; because of the ‘escape’ of the New York lepers from North Brother Island, and because of conclusions of the International Leprosy Congress recently held at Berlin, and the report of the Leprosy Committee of the New York County Medical Society.

“The report of the committee of the County Medical Society in no sense represents the opinion of American physicians, or even of the society itself, if fairly canvassed. I myself moved for the appointment of the committee on the purely conservative ground that no evidence had been adduced to disprove the time-honored and almost universal opinion that leprosy was contagious, and that an important medical body such as the County Medical Society should hesitate to indorse doctrines liable to mislead the guardians of the public health, to the grave danger of the community.

“The committee consisted of the Health Commissioner, whose views were already on record; three distinguished dermatologists, whose specialty has no more to do with leprosy than with small-pox or any other constitutional disease of cutaneous manifestation, and but one general physician. Hence the report, which, in my judgment is unscientific, misleading and contrary to the accepted knowledge of our time, and following it comes three weeks ago the startling and dangerous expression of professional opinion in the interview, occupying half a page of the *Herald*, by a member of the committee.

“*Considers It Contagious.*—It is undeniable, however, that the famous leprologists of the world are practically unanimous that leprosy is contagious, communicable from person to person; that wherever it is allowed to enter it will, in time, saturate the community, and that the only method which has been effectual in diminishing its spread or stamping it out is the careful segregation of the sufferers. The horrors of the disease are beyond the power of words, and are only realizable to those who have seen it in the aggravated form in which it is common in leper com-

munities; and deplorable and professionally humiliating as the fact may be, leprosy is still incurable.

"The treatment of the New York lepers has been a disgrace to our civilization. In face of a great national peril it seems a small matter to determine whether these unfortunates should be cared for by the local authorities or the federal government; but unquestionably those already among us who cannot be returned whence they came should be carefully segregated and generously provided for at the public expense. Even from an economical standpoint we can afford to care for our lepers, for it has recently been calculated in Norway, where a money value is placed upon each human life, that the saving effected by the segregation of lepers at State expense would amount to a very large sum."

[From the *N. Y. Herald*.]

LEPER HOME IN YELLOWSTONE PARK.

Dr. Ashmead Presents the Project to a Committee of the Academy of Medicine.

NO FORMAL ACTION TAKEN.

Members Consider the Matter Not Properly Within the Jurisdiction of the Committee.

PARTICULARS OF THE PLAN.

A suggestion that the national government take charge of the lepers in this country and institute strict quarantine regulations to prevent the further spread of the disease, was yesterday brought before the Quarantine Committee of the New York Academy of Medicine, but the committee took no action.

The committee, which was appointed several years ago to urge the establishment of a national quarantine commission, met at the residence of Dr. Thomas, No. 600 Madison Avenue, for what was probably its final meeting. A communication was read from Dr. Ashmead, suggesting that the committee incorporate in its report favoring a national quarantine a recommendation that the general government also take up the leprosy question.

While the majority of the members of the committee present favored Dr. Ashmead's report, I was informed the body declined to take the matter up formally, on the ground that it was not within its province under the resolution creating the committee.

Extract from Dr. Ashmead's article, "International Leper Law and Norwegian Leper Law," published in *Medico-Legal Journal* (N. Y.), June, 1898.

"The agitation for international laws against leprosy will still go on. I stand opposed to Hansen's mixed isolation law, which

Dr. Ehlers and his friends have had sanctioned by the Berlin Leper Conference. This law may operate for the benefit of Norway or other European countries, but will certainly harm the United States. What is wanted is an *universal* law to *prevent emigration* of a leper. It is unfair to ask us, as Dr. Goldschmidt does in his paper read before the Leper Conference, 'to watch carefully immigrated cases, and in case of need *give them support*, so as to allow them to have a clean, healthy existence; and subject to an easy surveillance members of leprous families, and *especially direct descendants, as long as they live.*' Dr. Goldschmidt further says that in parts of our country situated below 40° north latitude these measures must eventually be taken against emigration from all infected countries like China and Norway. 'Physicians, ecclesiastics, etc., are sufficient for the making of the statistics and the carrying out of the preventive measures.' Right here, I am sorry to have it to say that our points of view differ. Why should we be exposed to immigration of lepers from all over the world? Why should not the country where the contamination comes from be called upon to take some of the trouble and expense? Of course, Norway's statistics may still improve, and part of the improvement will be due to the emigration. But Norway's gain will be our loss. Why should not a legislation be brought about which would make things more equal, and impose upon Norway the duty to retain the lepers, instead of simply imposing upon us the duty of taking care of them when they have come to us? That would be *international law*; that is what I advocate. That is what Hansen, Ehlers and others object to. This is, in fact, the point in dispute—the problem."

Letter to Dr. Goldschmidt, Paris.

Dr. Dyer, who has just returned from the Lepira-Conference, prints an article in the *New Orleans Med. and Surg. Journal*, in which he says I have abused you. Will you kindly tell me if this is your judgment? In this article he says: "Goldschmidt allowed himself to be led into the organization of a Conference because of the object aimed at, and washed his hands of Ashmead and his methods *as soon as he saw behind the veil.*" Can you understand it? Have I ever given you the impression of a veiled prophet?

Yours, etc.,

ALBERT S. ASHMEAD.

To the Editor of the Journal of the American Medical Association.

Will you kindly publish the enclosed reply to Dr. Dyer's attack on me? I have already sent you another article about Ehlers. But you see how highly desirable it is that I should not leave the field to that New Orleans *cat's paw*. A. S. A.

To Dr. Polokowsky, Berlin.

I send you a copy of the *Medico-Legal Journal*, June, 1898, which contains my paper against Hansen, read before the Medico-Legal Society in New York at its April meeting. It contains also an article on "International Leper Legislation," by Dr. Dyer. The latter's paper was really a reproduction of argument of a paper of mine entitled "International Leper Law," published in the *New Yorker Staats Zeitung* in German some months ago. I had sent a copy of this article, in English, to Dr. Dyer for publication in his journal. He neither printed it or returned it to me. Dr. Dyer's article was simply a discussion of my paper without any mention of me. Both of these papers—that is, Dyer's and mine—were sent to Dr. Lassar in Berlin. He published Dyer's in the July *Zeitschrift*, and never took any notice of mine. This is rather queer! I am sure you will agree with me. Dyer is, like Carrasquilla, the inventor or quasi-inventor of a lepra nostrum, as you may see by the transactions of the Leper Conference. When he came back from Berlin he attacked me in his journal, and I assure you, upon my honor as a gentleman, that he got two Rolands for one Oliver (see *Journal of the American Medical Association*, 1898). Now, I surely do not ask too much from your friendship if I hope that you will do your best, even with so strong a tide against me, to have an article from the *Medico-Legal Journal* published in Berlin. Hansen, Ehlers, Lassar, and the puny fellows, have been leagued against Dr. Goldschmidt and me on the leprosy question. A. S. A.

Letter to Dr. Goldschmidt.

Thanks for your letter and program. I received last week, through the German Ambassador at Washington, this same program. I replied (to Prof. Lassar), enclosing a small contribution to the Leper Conference, a paper entitled: "Descent and Variation of the Bacillus." I also promised to send photographs of Huacos pottery, showing deformation expressive of syphilis and lupus, *not leprosy*, as Professor Virchow has been led to believe.

Among the geographical names on the program, Ehlers has taken hold of many of my correspondents: Kerr of China, and Carrasquilla of Colombia, for instance. I do not think that he had any previous communications from them; *he took their names from my list*. They are even now in correspondence with me, and they certainly would have told me if anything had passed between themselves and Ehlers. At any rate, they stand to a man for international measures, to suppress and prevent leprosy. Isidor Neumann of Vienna, Max Joseph of Berlin, are out with papers, advocating international measures.

I see Hutchinson is going to put in an appearance. He wrote me he would only go there, if it was necessary, to fight against us. Does he think it necessary? He had at first declined to go.

A. S. A. .

To Dr. William Munro, London, England.

I have received your letter and forwarded the article to the *American Journal*. As soon as it is published I shall send you a copy. The article was addressed to the German editor, who declined to publish it. However, the publication of it in the *Lancet* is of no great importance at this late day. Effete European medicine could reciprocate itself by reading American journals.

I have to thank you for your many courtesies while you were helping on this fight against the non-contagious men of London. We have the satisfaction of having forced the Berlin fossils to make a record in favor of contagion, and the necessity of isolation. This I consider as a great victory. It rules out Jonathan Hutchinson, Sir Joseph Fayrer and Sir James Paget. I am sorry that my resolution for the permanent International Committee has been voted down. But as long as there's life there's hope, and the longest lane has a turning. We will hope for the future. But how they could *rationaly* vote against *international isolation* when they admit *contagion*, *non-curability*, necessity of *national isolation*, etc., is more than I can understand. There seems to be a want of *logic* in that. But who of us has read a German *Logique de Port Royal*?

A thing to be deeply thankful for is that the *professional dermatologist* has been ruled out, leprosy being declared not to be a skin disease.

A. S. A.

Letter from Dr. Ehlers to Dr. Goldschmidt (translated from French):

Monsieur le Docteur Goldschmidt:

Dr. Ashmead sends me to-day * * * a reprint from the *Magazine of Medicine*, page 19, a letter of yours. You have the audacity to write the thoughts, "lay hands on ideas," which do not belong to them, and "Ehlers pretends that the idea of a congress originated in London. There is no proof for it, no sign of it." Have the kindness to send me a letter with your excuse for this insolence. If you want to avoid bringing this affair before a commission of honor, or my seeking reparation in a suitable manner. [Did he mean a duel?—A.] What do you know about the discussions which have taken place in London between Prof. Lassar and myself? Would you have the cheek (toupet) to assert that I knew your projects of a governmental assembly before engaging in these discussions with Prof. Lassar?

Do you believe that the idea of international measures against leprosy is original to such a degree that it could not germinate in two minds at the same time?

I advise you to send me your excuses, and to send them to the paper which has published your abuse of me.

DR. EHLERS.

Dr. Goldschmidt to Dr. Ehlers (translated from French).

Mr. Doctor Ehlers:

At the same time with your three leaves I have received the publication of Dr. Ashmead, which had been unknown to me. He has made use of letters not at all destined for publicity, and containing intimate appreciations where one does not weigh the words.

I regret keenly the publication of my letters, and when I send a copy of this letter I shall tell Dr. Ashmead of my disapproval.

You say that the idea of a congress is simple. I am entirely of your opinion. It imposes itself immediately upon all those who occupy themselves with the epidemiology of leprosy. However, when one has eulogized for years (*Lèpre en Madère*, 1891; *Berl. Klin. Woch.*, 1894), with all the details for an international congress, in one's works, the necessity of an understand-

ing between the governments and the leprologists to suppress the scourge of leprosy, when one hoped to touch the goal, after the preliminary proceedings, one may well be surprised to receive, without previous information, the announcement of the *fait accompli* of a similar conference, which paralyzed and rendered useless all our preceding efforts.

As to the participation of the governments, you had repudiated it in a letter addressed to me the 16th November, 1896, of which here are some words: "It is not in my opinion the way leading to the goal, which we have proposed to ourselves, to try to stir up the governments. The governments have always neglected the holy cause of hygiene," etc. However, I have accepted with satisfaction the conference of Berlin, putting the good of the cause above all other considerations. Prof. Lassar possesses my letters on this subject. So much for the subject of your complaints. As to the form which you have thought fit to choose, I abstain from giving my opinion of it, and from imitating it.

DR. GOLDSCHMIDT.

From Dr. Goldschmidt to Dr. Ashmead.

Lassar wrote me a letter saying he was glad that the difference with Ehlers was explained, and put off. I owe them all a grudge, and if I was to attend the Conference I could not abstain from giving the history of this meeting (but he didn't, unfortunately), and the way they have taken our ideas and never mentioned our names.

Dr. Ashmead to Dr. Goldschmidt.

I sent you a copy of *Sei-I-Kwai Medical Journal*, in far-off Japan, containing my letter: "The Object of the Berlin Lepro-Conference." Since then a wish has arisen in my soul, prompted by the Holy Spirit or the other spirit, to send a copy of that *heathen paper** to my special friend Ehlers. But the only copy remaining has been somewhat damaged, and I should not like him to think himself treated shabbily. Would you not make the sacrifice of your copy; that is, forward it, saying that it is at my request, to the Icelandic doctor?

*Hansen thinks American medical papers heathen too. See his reply to me in the *Deutsche Med. Wochenschrift*, 2 Feb., 1899: "Ueber Internationale Lepra-Gesetzgebung." "So long as Dr. Ashmead's attacks on me and my fatherland appeared in American and Japanese newspapers, I took no notice of them. But when such an *infamously* and *worthy* paper as a German *Wochenschrift* publishes the," etc.

Dr. Goldschmidt to Dr. Anhmead.

Thanks for your letter, especially for the copy of your letter to Lassar. I had got the same circular about Madeira leprosy, and had not answered it, but now I shall follow your example and give them a "bit of my mind."

Are you going to Berlin? It will be too good of us to stand by and listen to the scientific controversies, and give up our scheme, the only one which allows us to count upon success! Once before I had to remonstrate with Prof. Lassar, who, without even mentioning me, had published my proposals!

I wonder what answer I shall now get? The first time he apologized and promised to make good an answer, which he never did (as far as I know).

Your publications in the *Journal of the American Med. Assoc.* meet with my fullest approval, as all the other publications you sent me.

* * * * *

I told Lassar that it was for me quite a new era to see scientific men go into competition to attract the notice of the great public. That we shall show the most unselfish, conciliatory spirit by giving up our plans, and let them work out their own, but that I did not like to qualify the conduct of those who organized this Conference without first appealing to us, or, if possible, amalgamating themselves with us. To this, Lassar answered he was exceedingly glad that we did not wish to make opposition to the Conference and that he was glad to make my *personal acquaintance!* A very easy way to skip difficulties.

Well, I rely upon "the Yankee bugbear" to tell those over-refined European scientists what is right and what is true!

From Dr. Goldschmidt to Dr. Ashmead.

At the same time with your reprint from the *Magazine of Medicine*, I received a letter from Ehlers (Copenhagen), of which enclosed a copy (with the omission of a few introductory words), to judge it for yourself. I answered at once, and I send you enclosed copy of my answer.

The whole leprosy business involves me, notwithstanding my best intentions for the good cause, into all sorts of disappointments, and exposes me even to insults.

Please state that neither you nor myself had any wish to stir up personalities, but that we discussed only facts. Henceforth

I wish to retire from all active participation; it has become odious to me, when I see my best intentions marred. I am sorry for you, too, who has spent so much time and so much work without any result.

I thank you for so much good-will, and I hope to meet you personally this year, when we can discuss everything.

Dr. Ashmead to Dr. Goldschmidt.

I published under the title "Ehleriana," an attack on Ehlers. I shall send you a reprint.

As to this whole Ehleriana question, I can very well appreciate your position, but I cannot adopt it. Characters are different. Understand that Ehlers' personality is a very small element in the fight. You think probably that I am principally thinking of slurs put on my own personality. You think that my feelings are truthfully expressed in that epode of Horace, which ends with these very significant lines: *An, si quis atro dente me petiverit, in ultus ut flebo puer*. There is just a particle of truth in that, but only a particle. Of course, the man has taken now an insulting, at another time, a contemptuous tone toward me, and I think it is only human if I find some satisfaction in giving him some tit for tat, little academic or parliamentary as it may appear.

You say: Will not the public be dismayed when she sees the champions of such a sacred cause quarrel, and especially using such sneers? But I do not consider Dr. Ehlers as being champion of this sacred cause; quite the reverse. I hold him an enemy of it. This the public will be led to perceive by the very quarrel which you are afraid will dismay it. The public, if thus brought to understand what Ehlers stands for, how much he assumes, how little he has done, how arrogant he has shown himself, and the perfect uselessness of his Conference, in opposition to the service which would have been rendered, by the Congress he has stolen from others, the public will not be dismayed even by the sneers.

The whole matter will be brought before the Berlin profession, and these people may then say: Do and decide whatever the Spirit will move them to.

Dr. Goldschmidt to Dr. Ashmead (29 Aug., 1898).

It is a long time since I have had the pleasure of addressing you, and thanking you for the various publications I duly received.

My personal ambition, as I told you before, did not suffer when I saw that others claimed, as their own original idea, what I had recommended long before in all my publications on leprosy, viz.: the formation of an International Congress, to study ways and means, how to get rid of the plague amongst all civilized nations.

I even proposed how these ways and means might be adapted to the different climates and races.

You did take with greatest energy the first necessary steps by addressing yourself to all governments concerned in this cause. You (and myself too) informed many leading leprologists; in fact, the *idea* was carried into action by your great and disinterested efforts.

In London they originated the "Conferenz." We adopted the "Conferenz," wishing to promote the cause without any personal considerations.

However, I was greatly astonished when in the inaugural session *not a word was said about our efforts*—on the contrary, when it was brought forward that they, *Lassar, Ehlers and tutti quanti*, had the full, the only merit of having stirred up the hitherto indolent world to this humanitarian work!

I protested with Lassar, who gave it out as a *mistake*, but this mistake was never corrected, either by public speech or by print!

I was in a state of mind which made me prefer to keep to my own thoughts, so I did not take any part in the proceedings of the Conferenz.

But all this is insignificant. What I wish and hope for is that the suppression of leprosy will become a fact, thanks to the measures really incorporated amongst the nations.

I share your ideas, as you know from my letters, my writings, and should be happy to see your long, incessant efforts crowned with success.

A CONTRIBUTION TO THE THERAPEUTICS OF PEPTO-MANGAN, "GUDE."

BY DR. LUDWIG PAUL, CITY PHYSICIAN OF VIENNA, AUSTRIA.

Translated from *Aerztlicher Central Anzeiger*, Vienna, Austria, Sept. 20, 1899.

It is about five years ago that I first had occasion to test Gude's pepto-mangan. The curative results obtained from its use were so surprisingly good that I decided to thoroughly experiment with this preparation on my abundant clinical material, the outcome of which is reported in this article.

The number of remedies introduced every year into the market are so numerous that for this reason alone it would be impossible to employ all of them, even if only experimentally, or to make a careful choice. Pepto-mangan appealed to me strongly in the first instance for reasons that I shall explain. Although inclined to think well of this preparation from the first, I would remark that my observations were instituted without bias, and that my investigations were carried out in a strictly scientific manner.

I was led to make a thorough study of this preparation by the subjective statements of the patients that it never caused the least disturbance, the objective evidences of improvement, and, besides these, by the following considerations:

According to the views of many authors, iron preparations, to be efficient, must exert not only a local but distant—that is, general effect. In chlorosis and in many severe cases of anemia chalybeates are said to remove the hydrogen sulphide, formed frequently in large amount in the alimentary tract, by the combination of the iron with the sulphur. This removal is necessary, because hydrogen sulphide, if present in too large quantity, renders impossible the absorption of the iron in the food by precipitating it in the form of sulphide of iron. It is known, however, that not only iron but also manganese is adapted in a high degree for taking up hydrogen sulphide. Manganese therefore acts as an auxiliary to iron in this respect.

Another circumstance was decisive for me. A large number, almost all, of the officinal ferruginous preparations are absorbed only to a slight extent when administered internally. This can be maintained on the ground of the fact that in animals and human beings positive evidence of the entrance of these preparations into the blood cannot be obtained if the persons experimented with have not intestinal catarrh or have not received

excessive doses of iron. The more the preparation approximates to the form in which iron is contained in the food, the more likely it is to be absorbed. The peptonizing of an iron preparation is therefore of decided advantage, as its absorbability and assimilability is thereby enhanced to a considerable degree. Aside from this, the peptone combination is adapted for exerting the systemic effect. This general action of iron preparations only takes place if after absorption they undergo conversion into hemoglobin. Hence this conversion is only possible in the case of preparations which contain iron in form of an organic combination. They will then act even when containing a much smaller percentage of absolute iron.

It was therefore the chemical constitution of the preparation which appealed to me, and which induced me to undertake extensive experiments.

The cases in which I employed Gude's pepto-mangan comprised chiefly the poorer class of people. I mention this particularly, because with these patients it is difficult or well-nigh impossible to pay attention to the hygienic conditions or to consider the dietetic side of the treatment. Notwithstanding this, the results were favorable. Of course they were most satisfactory in the case of those patients who were also able to carry out the hygienic and dietetic regulations.

Numerous cases of chlorosis, anemia, neurasthenia and hysteria, as well as two cases of malarial cachexia, were submitted to careful and thorough observation.

In many cases determinations of the bodily weight, measurements of the blood pressure, estimates of the hemoglobin percentage, and blood counts were made.

As regards the bodily weight, I observed in sluggish, obese, chlorotic patients a reduction in flesh as well as improvement of the general state. The high absorbing power of the preparation and its ready conversion into hemoglobin increases the oxygen capacity of the blood; *pari passu* with this there is an improvement of the metabolism, the oxidation, which takes place at the expense of the non-nitrogenous elements of the body—that is, the adipose tissue. In the case of lean persons I combine with this treatment rest in bed for several weeks, to which may be ascribed the increase of bodily weight observed.

There was a constant change in the conditions of blood pressure

In almost all the chlorotic patients the blood pressure, estimated by Basch's sphygmomanometer, became considerably higher. In many of my cases I noted improvements in the blood pressure of 40 to 60 millimetres in the course of four weeks. Besides this, the fluctuations of blood pressure, so frequently observed during changes of position, disappeared; the pulse frequency diminished considerably, and the subjective disturbances connected with the circulatory apparatus, especially the troublesome palpitation of the heart, subsided. I would remark that this amelioration occurred under the use of no other remedy in so short a time as under that of pepto-mangan.

In judging of the value of an iron preparation, conclusive evidence is afforded by estimates of hemoglobin and blood counts. To determine the hemoglobin I employed Fleischl's hemoglobi-nometer, and as a solvent a 0.6 per cent. sodium chloride solution; for blood counts I made use of the apparatus of Thoma Zeiss and a 2.5 per cent. solution of potassium bichromate for the red blood corpuscles; the white were not counted.

To demonstrate the changes in the hemoglobin and in the number of red corpuscles, I report here the history of a girl, 16 years old, affected with marked chlorosis. The disease was of almost two months' duration and attended with general functional disturbance. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep alternating with sleeplessness. The patient came from healthy parents, had previously been always healthy, and menstruated for the first time in her fifteenth year, but scantily and irregularly. Marked pallor of the skin and mucous membranes was noted; the lungs were normal. The area of cardiac dullness was enlarged toward the right side; blowing murmurs were heard over all the valves, and a bruit over the jugular vein. The radial artery was very small and soft; the pulse frequency 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents.

The percentage of hemoglobin in the blood was 35 per cent.; the number of red blood cells, 2,700,000 to the cubic millimetre. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate outdoor exercise. She also took three teaspoonfuls of pepto-mangan daily.

The increase of hemoglobin and of the number of red corpuscles is shown in the following.

	Hemoglobin.	Red Corpuscles.	
At the end of 1st week,	45%	3,260,000	} To the Cubic Millimetre.
" " " " " "	60%	4,100,000	
" " " " " "	70%	4,500,000	
" " " " " "	75%	4,900,000	

Before proceeding with the history of this case I would emphasize the fact that the number of red blood cells increased more than one and one-half million, while the increase of hemoglobin amounted to more than 100 per cent. Such marked improvement in the condition of the blood under the treatment with Gude's pepto-mangan was not unusual, but rather the rule in chlorosis. And it may be assumed with certainty that the above-described effect is attributable to the high absorbability of this preparation as compared with the numerous other chalybeates, and, further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as a hematogenic remedy.

In the case under consideration there was a perceptible improvement in the patient's subjective and objective state. The existing disturbances subsided gradually; the cardiac palpitation, loss of appetite, and sleeplessness, disappeared, and after four weeks' treatment she was discharged cured.

It is not the purpose of this report to detail numerous histories of cases, and I shall content myself with briefly mentioning that I have treated more than 100 cases of chlorosis with Gude's pepto-mangan with as good results as those above described, except that in some instances the results did not appear as promptly. The fact cannot be sufficiently emphasized that during the entire course of treatment the remedy did not have to be discontinued on a single occasion, although this must be often done with other ferruginous preparations. I never heard a complaint that the preparation was not well tolerated; on the contrary, the patients stated that they did not experience the slightest disturbance even

during its prolonged use, and that it acted mildly, was well borne, caused no disturbance of digestion, but rather promoted the latter, and was free from any disagreeable taste.

I have previously mentioned that it may be positively assumed that pepto-mangan stimulates the hematopoietic organs to increased activity. Numerous blood findings discovered casually by me, the appearance of the so-called immature forms of blood corpuscles, constrain me to take this view. Of much greater importance is the circumstance, however, that in numerous diseases of the blood occurring in connection with the lymphatic and blood-making organs I have derived excellent results from Gude's pepto-mangan.

Decided amelioration in the leukemic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between the red and white corpuscles, were noted by me in several cases under my care.

In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable ferruginous preparation is of incontestable benefit, and I believe that Gude's pepto-mangan occupies a prominent place in this connection. It is not my intention here to institute comparisons with various iron preparations. I would emphasize, however, for reasons already mentioned and which are especially based upon the composition of Gude's pepto-mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood.

In conclusion, I would mention that I have obtained excellent results from Gude's pepto-mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three weeks, in the other five weeks. Both cases were cured. It is of interest that in the first case, in which a malarial attack had not occurred for some time, a typical paroxysm, with rigor, fever, and sweats, developed after one week's treatment. The attack failed to recur, and for this reason I was unable to search for plasmodia. I am not disposed to overestimate this occurrence, nor to make it the subject of theoretical reflections. I am decidedly of the opinion, however, that this attack is attributable to an influence of pepto-mangan upon the spleen.

In all particulars pepto-mangan is an excellent preparation, which bids fair to occupy a permanent place in the *materia medica*. I would be pleased if through this article I had directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.

Announcement.—Notwithstanding the great loss which the J. B. Lippincott Company sustained in the destruction by fire of their entire plant, except, perhaps, the plates, the energy which they have shown is remarkable. They at once secured the building 624 Chestnut street, Philadelphia, where they have furnished handsome offices, their entire clerical force being actively at work. Arrangements are also being made for a new manufacturing building to be occupied during the reconstruction on a thoroughly modern scale of the premises they formerly occupied. New supplies of the latest types have been purchased, and the standard of taste and excellence for which the Lippincott books have been famous will be maintained and developed. Early in the coming year they hope to have ready a full stock of their important books, and they are always open for the consideration of manuscript.

Deserved Honors.—It gives us more than ordinary pleasure to note that Messrs. Wm. R. Warner & Co., the well known pharmaceutical chemists of Philadelphia, received a silver medal and diploma, the highest award at the late National Export Exposition held in Philadelphia. The award was made for the excellence and purity of their high grade pharmaceuticals, a fact which will no doubt prove very gratifying to their many patrons to know that they are prescribing remedies of such recognized therapeutic superiority. We feel more than ordinarily pleased at such a just recognition and more proud than ever to have their advertisement grace the pages of the *JOURNAL*. Whilst the firm is justly elated at having secured such a signal victory, it was, after all, only a just recognition of merit. But it argues strongly for the fairness, discrimination and thoroughness of the committee on awards, whose verdict every one will acknowledge was a most just one in this particular case. We extend our heartiest congratulations to Messrs. Wm. Warner & Co. upon this, their latest achievement, and upon the deserved honor obtained.

CORRESPONDENCE.

NEWSPAPER ADVERTISING.

The following correspondence has been sent to us for publication:

NOVEMBER 14, 1899.

My Dear Phelps:

Your advertisement in the Chicago *Daily News* of November 9th has been called to my attention. Why don't you advertise in your own local papers? I should think it would pay better and it would certainly be less objectionable to some of your friends.

Yours truly,

62 East Thirty-fourth street. }
NEW YORK, November 17, 1899. }

Dr. _____

My Dear Doctor: I am in receipt of your letter of November 14th and hasten to reply. I am much surprised at the cold-blooded accusation of unprofessional conduct which you make. I was not aware that I had an advertisement in a Chicago or any other paper. Will you be so kind as to send me the paper to which you refer.

I enclose you a reprint of an article which I wrote for a reputable medical journal. In that article I mentioned different remedies which I used in the treatment of certain joint affections. The drug people who happened to be interested in a certain remedy mentioned had one hundred and twenty thousand (120,000) reprints made, and sent them to the profession over my signature. I could find no fault if they had not black-lined the margin of the page where the remedy is alluded to. It cost me six hundred dollars to fight the thing to prevent them from using the article, and I was beaten on the grounds that I had not copyrighted it. This reprint has damaged me thousands of dollars and I have no redress.

Other articles of mine have been used in a similar manner, and I have seen articles from the pens of eminent men, and I think from yours, handled in a similar manner. I know of no way to prevent it. Certainly the courts cannot or will not. I have had an experience with them and know.

Now, in regard to newspaper articles, and I presume your letter alludes to one, I have this to say: That newspapers, as a matter of business, I am informed, employ doctors and ministers as reporters, who write on medical and theological topics for so much a line. Our clinics are largely public in every teaching institution; but even if they were private or open only to students or matriculates, who would have the audacity to exclude a physician presenting his card at the door unless you know him to be a reporter? Clinics are posted on the bulletin boards of hospitals, colleges, and also of the Academy of Medicine of this city. When this is done, not only the profession, but any layman can obtain a knowledge of the work done in the several clinics a day in advance. The reporter is hired by the papers to keep posted on these announcements and report to the papers such work as he thinks would be of interest to its readers. And then the medical libraries are accessible to him. He writes his articles for so much a line and the paper prints it to increase its circulation. Can you tell me how to prevent it? I think you cannot.

Scarcely a day passes that I do not see in the lay papers a report of some clinic, important or unimportant, and the name of the surgeon who conducted it is mentioned. I always feel sorry for the surgeon—I will tell you why. There are those in the profession who would believe that these men were party to the article, but with an occasional exception. I know to the contrary. And then again, medical students often pay their way through college by reporting to the papers interesting clinics. The teacher cannot know of this because the student is sharp enough to keep his own counsel to save himself from expulsion. One student after he had been graduated told me he had made eight hundred dollars reporting clinics to the lay press—both to the syndicates and the Associated Press—and many others have given me similar information. Teachers in public clinics are the most frequent victims.

Every surgeon or specialist depends upon the profession and not the people for his patients. Nine patients out of every ten who come to the specialist or surgeon are sent by physicians. Now, understanding this, and knowing that the profession stamps as dishonorable and contemptible newspaper advertising, which leads to notoriety and not reputation, and knowing that physicians

would ostracise such a surgeon or specialist and send their patients elsewhere, do you believe, or any other member of the profession, that a specialist would, if he could prevent it, allow any allusion to his work in the lay press? Understanding this question as I do, I cannot believe you do. Every article that ever appeared has injured the surgeon and specialist incalculably. If I had a hated enemy, which I hope I have not, and I wished to ruin him professionally and financially, I know of no way so safe and speedy as to hire a space-writer to report his clinic, and, if possible, his private operations to the lay press once or twice a week. In less than six months the profession to a man would ostracise him.

A few years ago the newspapers followed a case of mine in the City Hospital for three months with daily fake reports in spite of my most strenuous efforts and those of the hospital and my friends to suppress it. It almost ruined me professionally and financially—a lucrative practice was almost wholly destroyed.

No! The specialist whose clinics and name appear in the daily lay print is to be pitied by his fellow practitioners, not censured. I have had the bitter experience and I know what it costs.

In justice to myself I have taken the liberty to send your letter with this to a medical journal. I am, dear doctor,

Very truly yours,

A. M. PHELPS.

OF HEROIC BREED !

The agrarian press of Germany, in all seriousness, circulates reports that the hogs of Schleswig-Holstein (formerly Danish territory until swallowed by Germany), refuse to touch American barley, and the anti-agrarians retort humorously that the Schleswig hogs are of heroic breed.

Dr. Armauer Hansen, in an article entitled "Ueber Internationale Lepra Gesetzgebung," (*Deutsche Medicinische Wochenschrift*, No. 5, February 2, 1899), says: "So lange Dr. Ashmead's Angriffe auf mich und mein Vaterland nur in Amerikanischen und Japanischen Zeitschriften erschienen, habe ich keine Rücksicht darauf genommen. Wenn aber seine Auslassungen in Ihrer angesehenen Zeitschrift-referirt und wie es scheint anerkennend referirt werden, muss es mir erlaubt sein, einige

Bemerkungen zu machen zu dem Referat in 47, 1898." And he winds up this article with these words, so gleefully quoted by *the pretty wolf* of Copenhagen, in *Janus*, May and June, 1899, page 280: "Ich habe natürlich nichts dagegen wenn jemand meine Schlüsse und Meinungen angreift; ich muss es aber bedauern, wenn jemand so sinnlose Augriffe macht wie Dr. Ashmead."

The following letter was sent to Dr. Hansen in 1895:

Dear Dr. Hansen.

I am truly thankful to you for sending me so kindly your work on leprosy ("Leprosy in its Clinical and Pathological Aspects," by Hansen and Looft), which I have just received from your publishers, John Wright & Co., Bristol, England. I have had it two days, and during that short time thoroughly studied it, so that there is not a point of it which I do not know perfectly.

I send you a manuscript ("Inoculation of Leprosy"), in which I try to bring out the following points: Non-volition of the bacilli in their localization, light and free-air places; probability of the leper bacillus and the tubercle bacillus being *variation of the same* species; the seeming preference of the tubercle bacillus for the apex of the lung, and of the leper bacillus for the exterior side of members, is due perhaps to the lack of disturbance in those places; the spectacular difference between lupus and leprosy in Colombia, South America, may be a result of the well-known and admitted difference between the bacilli of both diseases, the tubercular microbe being individual, while the leprosy bacillus is gregarious.

If you find that I have here or there shown too much boldness than the known facts warrant, please throw over these places the mantle of your indulgence. Very sincerely yours,

ALBERT S. ASHMEAD.

Here is another letter to the same gentleman, written in the same year:

Dear Dr. Hansen.

I have not the least objection to your publishing my little article, "Inoculation of Leprosy" (see *University Medical Magazine*, June, 1896); on the contrary, I took for granted that you would make use of it. I shall send you a letter I wrote

to the *Journal of the American Medical Association* and an article, both on Colombian leprosy. I have also written to Satolli, the Cardinal at Washington, to obtain an introduction for you to Father Rabagliatti, of Bogota, who is the moving spirit of the Order of San Lazaro, and who has already raised \$161,000 for the Grand National Lazaretto, to be built at Saint Martin. I have suggested that you should be invited to come over for a short time and help with your advice the work which will be done in the Colombian Republic for the solution of the problem of leprosy. Forty years ago there were 400 lepers there and now there are 27,250. Mr. McKinney, the United States Minister, and Dr. Putnam, a friend of Rabagliatti's, are my correspondents in Bogota. Yours truly,

ALBERT S. ASHMEAD.

And here is the letter I wrote to Satolli:

His Eminence Cardinal Satolli, Washington, D. C.

Most Reverend Sir—I have the honor to enclose a correspondence I had with the United States Minister in Colombia regarding the question of leprosy in Colombia, and I inclose also a letter I have written to the *Journal of the American Medical Association*, embracing what Mr. McKinney has told me. I send also a "Conference" of the Rev. Father Rabagliatti, and the Pastoral of the Archbishop of Bogota. From these documents you will perceive that the question of leprosy in Colombia is a very serious one; that these 27,000 lepers have asked the government for bread, and have received a stone. They now appeal to that church to which they all belong. As you will perceive, they have raised \$161,000 for a grand lazaretto. What is wanted above all is a scientific man to join in Rabagliatti's work. Will you be kind enough to give me a letter of introduction to Dr. Armauer Hansen of Norway, the discoverer of the lepra bacillus, and who is now Inspector-General of Leprosy for Norway, to Father Rabagliatti and the Archbishop of Bogota. Dr. Hansen has reduced the number of lepers in Norway from 2,833 in 1856 to 954 in 1890. He is considered by all leprologists as the highest authority in the world in this matter, and he has expressed himself in letters to me as being willing to do everything in the interest of lepers all over the world. I am sure that if Father Rabagliatti would ask Dr. Hansen to make

a short trip to Colombia great results would be obtained by the coöperation of these two men.

I am, of your Eminence, the most humble and devoted servant,

ALBERT S. ASHMEAD.

And again, in the same year:

His Eminence Cardinal Satolli, Washington, D. C.

Most Reverend Sir—May I call the attention of your Eminence to my humble request of November 29th, regarding a letter of introduction for Dr. Hansen, the famous leprologist of Norway, to Father Rabagliatti of Bogota, Colombia, the leading spirit of the movement to form a grand lazaretto for the relief of lepers, of whom there are, it is said with authority, 27,000 in the Republic of Colombia. Your Eminence will certainly excuse my persistence in again addressing you, considering that the terrible scourge of leprosy is my principal and disinterested study.

I have the honor to be, Most Reverend Sir,

Your humble and devoted servant,

ALBERT S. ASHMEAD.

I wrote also, in 1895, to Dr. Carlos E. Putnam, care of U. S. Minister Luther F. McKinney, Bogota, as follows:

Dear Doctor—I thank you for your communications and the pamphlets I received from Mr. McKinney.

Would it not be well, considering the startling progress of leprosy in Colombia, to invite Armauer Hansen to Colombia to assist Father Rabagliatti in his work? I have written to the Apostolic Delegate in Washington for a letter of introduction of Hansen to Rabagliatti, in case such an appeal should be made to him. Do you think a suitable check could be sent to Hansen through the U. S. Minister, Mr. McKinney. Hansen has repeatedly told me that his interest for lepers has no geographical limits, and that, *disinterestedly*, he would do anything that could result in a relief to those unfortunates.

Yours truly, ALBERT S. ASHMEAD.

Finally, here is the *heroic* ending of it all:

From the *Journal of the American Medical Association* of November 18th, 1899:

“The government of Colombia invited Dr. A. Hansen to come to Colombia to discuss measures to arrest the spread of leprosy,

but his price was so high—\$4,000, and the same amount to be paid additional to his family in case anything serious happened to him on his trip—that the National Academy of Medicine protested against this expenditure, considering the impoverished condition of the treasury, and that Dr. Hansen's views in regard to the necessity of strict isolation were well known, and could be carried out without him."

Nordrach at Home.—Physicians all over the world are now talking and writing about a noted sanitarium in the Black Forest, Switzerland, for the special treatment of consumption, known as the Nordrach cure.

Here Dr. Walthers and his assistants carry out the treatment upon the modern ideas of rest, out of door life, proper feeding and required meditation, and the results are wonderfully encouraging, between 70 per cent. and 80 per cent. of cures in cases not too long neglected.

What a contrast to the old methods of treatment, employed 50 years ago, when nearly every case of consumption ended sooner or later at the grave!

A physician who has lately spent some time in this sanitarium studying these modern methods of treatment, says that wonderful results may be obtained at home with the Nordrach cure.

Proper exercise in a pure atmosphere, generous diet, which should include regular doses of Scott's Emulsion of Cod Liver Oil, an out of door life, and plenty of sleep in rooms with the windows open, invariably bring about the desired result.

Too much reliance cannot be placed upon the emulsion of cod liver oil. It contains the best quality of oil in a finely emulsified condition; it does not separate, and as it is purely mechanical no change takes place after bottling. It has great medicinal as well as food value, as has been proven many times during the past quarter of a century.

Scott's Emulsion, pure air, rest and graduated exercise properly adjusted bring about a marked change; strength and vigor return, the tubercle bacilli are expelled, the flesh and appetite regained and health restored.

Try this treatment on your next case of consumption in the first stages.

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

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SUBSCRIPTION RATES.

United States, Canada and Mexico.	- - -	\$1.00 per annum.
Foreign Countries in the Postal Union,	- - -	\$1.40 " "

Advertising Rates sent on application.

EDITORIAL DEPARTMENT.

All Communications, Contributions, Books for Review, etc., should be sent to No. 5 South Broadway, St. Louis, Mo., U. S. A.

EDITORIAL.

THE MIDWIFE QUESTION.

The recent action of the criminal division of our courts of law in the case of a notorious midwife, who is accused of having encompassed the death of several girls, naturally suggests the question of the proper regulation of the practice of such and the total abolition of their nefarious traffic. That they produce absolute harm goes without question; that they have no consciences is notorious. Equally so is the brazen effrontery with which they advertise their calling. The newspapers—those guardians of the liberty of the individual and the morals of the public—do not hesitate to parade the advertisements in their columns, sandwiching them between “regulators,” furs, private troubles, and divorces, and preceding them with advertisements having the heading “matrimonial.” A satyrist might find much material here. A few sample “nuggets,” as our western friends call them, may enlighten our readers as to the methods of advertising employed. The italics are ours.

Dr. ———; home for ladies before and during confinement; *irregularities from any cause* successfully treated.

Dr. ——'s monthly regulator; *ladies save time and money* by calling at ——.

Dr. ——; female specialist; special attention to female diseases; 18 years' successful experience; perfect seclusion during confinement; only private, reliable, incorporated home; *those dissatisfied* elsewhere especially invited.

Dr. ——, specialist; ladies' private home during confinement; trained nurses in attendance; best of medical attention; treats irregularities, *guarantees success* or no charges; infants adopted; write or call.

Ladies—*If in trouble, save time and money* by calling at ——.

Ladies *in trouble* call; private home before and during confinement.

Midwife—Receives during confinement; home found for inf.; ladies *in trouble* call.

Mrs. Dr. —— receives before confinement; try my safeguard and regulator; ladies *in trouble* call or write.

Mrs. ——; ladies private home during confinement; absolute protection and safety secured; motherly care; irregularities; *success guaranteed or no charges*; infants adopted; information free; ladies *in trouble* call or write; no sign on door.

Mrs. Dr. —— treats all dis. and *irregularities successfully*; lowest terms.

And these were taken from one newspaper on a day when there were not many in evidence. Were the names reproduced many shining luminaries of the criminal courts would be recognized. Can immorality be pushed further? We do not mean to imply, by any manner of means, that the rank and file of midwives are engaged in this business. They still have some shreds of conscience left; but all, without exception, are endowed with gross ignorance and dirty hands and instruments. It is true that a few, and their number is small, may be found who have a good knowledge of obstetrics, know how to keep themselves clean, and have unsmirched reputations. This is the class whose members carefully abstain from the medical treatment of women. How few they are he who takes but little pains will learn. The greater number of honest midwives are little better than the country "granny," and also have their stock-in-trade of "home remedies."

The condition which we have but barely outlined exists in every large city of this country, and we find that members of the medical profession—few in numbers, it is true—have founded schools of midwifery whose true purpose seems to be a purely selfish and mercenary one. Why is not the standard of such schools elevated? Why is not as much knowledge and capacity required of a graduate of one of these institutions as of one of a medical college, so far as obstetrics is concerned? The Madame La-Chapelles are yet to be born in this country, simply because a sufficiently high standard has not been exacted of the pupils of schools of midwifery. How many are the midwives who can conduct an ordinarily complicated labor to a successful termination? How many are those who know how to use the forceps? How many can make a diagnosis of a presentation?

The offices of gynecologists are filled with the victims of midwives who waited and watched and did nothing, or indulged in dangerous meddlesomeness. Can there not be found a method to remedy such a state of things which continues to go on unabated? The medical profession has a duty to perform here, and it is time that it was adopting measures to remedy the evil. We have observed it and naturally deplore its existence. The remedy is the enactment of laws which will regulate the practice of midwifery and place it under such restrictions as well as surround it by such safeguards as would practically make it impossible to expose the lives of parturient women to an existence of pain and torture.

A Remarkable Yarn About a Jealous Doctor. — On Thursday of last week the *Mail and Express* published an account of the case of a blind man related by himself, who declared that some years before a certain physician, who was at the time a friend of his, had treated him for some eye trouble, but without success, whereupon another physician was called in. The second doctor was successful for a time, but eventually he, too, failed in the case, which went on to complete blindness. The first doctor, it is gravely asserted, confessed on his death-bed that out of jealousy he had surreptitiously drugged the ailing man in such a manner as to produce blindness! What a pity that he did not reveal the name of the drug!—*N. Y. Med. Jour.*

MEDICAL PROGRESS.

MEDICINE.

Acute Lymphemia.—At the Medical Club, Pineles recorded a case of lymphemia of some interest, owing to the great age (73) of the patient. She had never been ill and confined to bed at any time before, and could do her house-work actively up to three months ago, when she was suddenly attacked with headache and high fever. She recovered in a week or fourteen days, but was not strong enough for her domestic duties, and finally had to return to bed with pain in head, breast, etc., when she was removed to hospital, complaining also of "discharge of matter from the chest," dullness in the head and general confusion. On her reception the muscles were observed to be lax, and the adipose tissue fairly retained, with pain over sternum when pressed, as well as in both legs. Temperature 37.2°, pulse 100. The radial artery had a serpentine movement; vesicular sounds in upper part of lung; cardiac sounds dull; liver enlarged downwards, with rounded edges. The spleen extended three fingers' length below the ribs, and was not painful on pressure. The glands of the throat, axilla, and groin were all enlarged. The flexor side of the forearms had small hemorrhages, ranging from the size of a linseed to a sixpence, gums swollen and bleeding as well as lower surface of the tongue, fundus of the eye normal, urine much nucleo albumin, but no serum-albumin.

The next day consciousness became dulled, with tetanic spasms in both arms. On the lower extremities several small hemorrhages; highest temperature, 38.7°. After this the weakness and delirium increased, and she died nineteen days later.

The enlargement of the liver and spleen with hemorrhage from the teeth and skin pointed to leukemia. Examination of the blood gave 2,550,000 erythrocytes and 550,000 leucocytes in the millimetre of blood, the proportion of white to red being 1 to 6½. The red blood corpuscles had nothing special in size or form; rouleaux in small masses, and the fibrin slightly netted. White corpuscles somewhat small; preparations with eosin hematoxylin and Ehrlich's tri-acid mixture gave 92 per cent. of large leucocytes ungranulated and small lymphocytes, 3.8 per cent. common neutrophile polynuclear leu-

cocytes, 0.0 per cent. polynuclear eosinophile cells; poikilocytosis was not present, nor were there any nucleated red cells. When colored with fuschine none of the cells showed basophile granulation. The post-mortem revealed skin white, no edema, lymph glands of neck enlarged, as well as those of axilla and groin, but nowhere adherent to the skin. In the left pleura slight fibrinous deposits, lungs full of blood, both upper lobes lobular pneumonia. Pericardium slight fibrous deposit, heart enlarged, containing blood of light color. Liver one and half times normal size, of a yellow-brown color, friable, numerous white spots with interlobular division. The spleen was eight times its normal size, and had a reddish-grey color, in section and lymphatic glands, white patches. The kidneys were bleached and soft; retro-peritoneal glands swollen, while the marrow of the bones was red and almost free of fat. Microscopically the lymph glands were hyperplastic, but normal in structure. The lymphoid cells had nothing peculiar, and nowhere were there any abnormal conditions except a deposit of lymphocytes from the blood. A similar condition was present in the spleen. The most prominent changes were in the bone marrow, which was largely composed of lymphatic tissue, with great and small granulated lymphocytes in the form of nests. The common granulated polynuclear leucocytes and the eosinophile cells were quite separate. It was therefore concluded that the structure of the marrow and the lymphatic apparatus of the blood were the cause of the disease, which might be termed acute lymphemia. It is usual to designate chronic leucemia as myelogenous leucemia when the myeloid changes of the lymphatic glands and blood are at fault, while lymphemia, according to Muller, is confined to the hematic organs.

Etiologically, several hypotheses are offered: (a) Infection, which is inferred from the rapid prostration, and in this case supposed to be latent. This was absolutely negated by injecting two guinea-pigs with 10 c.c. of the patient's blood, when no changes were produced in the animal's blood. The same negative results followed inoculation. (b) The second hypothesis in acute lymphemia is attributed to the polynuclear leucocytes in the blood being greatly diminished, which is the more probable explanation in this case.—*Med. Press.*

Factors in the Unhealth and Demoralization in Camp Thomas.—Dr. Herbert Claiborne, late Captain (in the line), Twelfth Regiment Infantry, New York Volunteers (*Medical Record*, Feb. 4, 1899), says:

From observations made in general throughout the Park, I cite the following causes as factors in the unhealth and demoralization of the troops in Camp Thomas:

1. Undue haste in bringing the regiments into the park.
2. Unpreparedness of the regiments in uniform and equipage.
3. Choice of poor locations.
4. Dearth of good water for drinking, cooking and bathing purposes.
5. The prevalence of great quantities of flies, which carried contagion from the latrines to the food—the most potent cause of all.
6. The crowding of regiments in too close proximity to each other.
7. The shallowness of the sinks, owing to the character of the soil.
8. The sudden change of climatic conditions, different from those to which the regiment, as a whole, was accustomed.
9. The change of manner of life from indoor to the open air.
10. The natural ignorance of the laws of health on the part of officers and men.
11. Excessive drilling under the southern sun.
12. Ennui, due to over-drilling and the lack of excitement.
13. Home-sickness.
14. Insufficiency of medical supplies—the least important cause.
15. Keeping of the camps too long on one site.
16. Total inefficiency of the division hospital system as conducted in the Park.

THERAPEUTICS.

Ecthol.—This is a comparatively new preparation, whose therapeutic properties are not as well known as they should be by the medical profession. It depends, for its excellent action, on the active principles of edimacea and thuja, and is made of uniform strength. It is essentially antipurulent, and in all breaking-down tendencies of the fluids, tissues and corpuscles its manifold applications may be judged from this: Barrens has related the case of a woman with suppuration of the antrum of Highmore, in whom the irrigation of the antrum with ecthol caused the disappearance of the pus in two days. Dr. P. L. Lectoure speaks most highly of ecthol in diseases of the mouth, in *La Gazette des Hopitaux*, Nov. 16, 1899. He recommends it most highly, among other things, for that form of keratosis of the filiform

papillæ of the tongue known as "black tongue," usually a most intractable condition. But it is not only as a local measure that ecthol has proven so efficacious. It is also of the highest value when taken internally, and it is then that it demonstrates most fully its power as a corrector of blood dyscrasia. The dyscrasia of secretions and the degeneration of tissues is corrected, not acting as an alterative or antiseptic, as those terms are generally understood, but rather as an antipurulent. All those who have used this preparation speak in the highest terms of it, and justly so, as it has the best effect in all dyscrasic processes.

For Syphilitic Alopecia.—It is advisable to keep the hair cut short and to frequently apply a stimulating lotion, such as the following:

℞ Hydrargyri chloridi corros	gr. iv.
Chloralis hydrat	℥j.
Resorcin	℥ss.
Ol. ricini	℥ xvi.
Tinct. cinchonæ	℥ij.
Spiritus (ninety per cent.)	℥v.

M.

Sig. Apply to scalp.

The patient should be told that temporary reddening of the hair may result from the use of the cinchona.—*Gaucher—Medical News.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Treatment of Iodism.—When the symptoms induced by the ingestion of the iodides are severe, the first thing to do, says Dr. Lyon, Paris, is to discontinue the treatment. This suppression is not indicated if only lachrymation and a light coryza are present; in these cases it will suffice to lessen by one-half the dose prescribed. In a few days it will be possible to increase the dose, as tolerance to the drug is quickly acquired. The placing of the patient on a milk diet is indicated; it is valuable, as it facilitates the elimination of the drug.

There is no drug treatment which enables us to combat efficiently the different manifestations of iodism. To combat the acne, we have resort to warm solutions of corrosive sublimate, to sulphur ointments, to sulphur and resorcin pastes, etc. Hemorrhages yield to ergotine; Gaucher cured a case of purpura with extract of rhatany. Pulmonary edema will require cupping, blood

letting, subcutaneous injections of ether and camphorated oil. In the presence of threatened asphyxia due to edema of the glottis, immediately perform tracheotomy.

Diuresis will be favored by the ingestion of large quantities of fluids, and especially by the use of milk; it is a routine measure among many physicians to order the taking of the iodides in milk. This favors diuresis, dilutes the solution of the iodide and thereby prevents it from irritating the stomach.

Huchard at times associates scilla to the iodides. Constantin Paul used to recommend the taking of a diuretic tea.

To attenuate and to prevent when possible the cutaneous manifestations of iodism, frequent bathing is recommended; also the frequent use of a lotion of permanganate of calcium, 1 to 1000.

So as to prevent naso-pharyngeal symptoms, the use of belladonna or of its alkaloid, atropine, is serviceable. The use of this substance is recommended by good authorities. It is claimed by some that the immunity against iodism which it secures persists even when its use is discontinued.

To assure the proper functioning of the intestines, the use of laxatives and intestinal antiseptics will prove of value; naphthol, benzonaphthol betal, and especially bicarbonate of soda, are highly recommended.

In nephritis, owing to the altered condition of their kidneys; in tubercular individuals, in arterio-sclerotic individuals, iodides must be employed with caution.—*Med. Standard.*

Intangible and Mysterious Potency of Septic Poison.
—Lawson Tait says: I have eliminated every cause of death but accident (and that as far as I can), save the poisoning hand, and there, every now and then I am beaten—beaten in the most sudden and overwhelming fashion in cases where there can be no other explanation, and in some where I have seen it plain enough. Thus, I operate on a huge perineal abscess, and the smell is enough to empty the house. My fingers are soiled by the horrible pus, and I wash and wash with germicides and perfumes, and the smell remains for days. Nobody will persuade me that it is the presence of germs that continues the awful smell. It is the presence of something far more potent than germs, probably a secretion of theirs, which soaks deep, deep into the skin, far beyond where a germ could go. The slightest access of these

germs to an abraded finger means something little short of death. A post-mortem was held on one of my patients with such an abscess as this around the kidney, and, of the three men present, two, who had no contact at all actually with the putrid pus, died of putrid sore throat in a few days, and the third was seriously ill. This peculiar putridity is common in perineal abscesses and abscesses of the cheek. It is also met with in and around the kidney, in the peritoneum when the bladder is an active factor in the suppuration, and in all cases of purulent peritonitis, and chiefly those of puerperal origin. It is a most deadly thing when introduced into the peritoneal cavity by the finger of the surgeon, even days after his contact with it. Some years ago I opened the abdomen of a woman, four days after her labor, for purulent peritonitis, and encountered this fearful putridity. Having strong suspicions of its deadly character, I soaked my hands for hours in various germicide lotions, as hot as I could bear them, till my hands were like those of a washer-woman.

On the third and fourth days after, I operated on two simple ovarian tumor cases, and the rapidity with which these two women succumbed was altogether shocking, the post-mortem examination leaving no other guess than "acute septicemia." A perfectly parallel experience has been the melancholy fate of one of my recent assistants. — *Mod. Med. Science.*

DISEASES OF WOMEN AND CHILDREN.

Accidental Wounds of the Female Bladder. — Dr. Frederick Holme Wiggin says: Accidental opening of the bladder has for many years been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., married, æt. 41, was admitted to the City Hospital, Blackwell's Island, N. Y., September 30, 1898, suffering from a large myoma, which sprung from the anterior uterine wall and extended above the umbilicus. On October 3rd the abdomen was opened, and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus, amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to

accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap it was attached to the bladder and made to cover the line of sutures, thus making the bladder wound extra peritoneal. After further washing out of the abdominal cavity with hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble, it was not thought advisable to make a vesico-vaginal fistula to drain the bladder, but instead a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and on opening it urine began to escape. A vesico-vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted, and after being thoroughly disinfected with hydrozone its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico-vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in *British Medical Journal*, 1897, Vol. I., p. 1282) reports a case of ruptured bladder on which he had operated. It was closed by means of a double wall of Lembert silk sutures. The wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluids had been removed. For a few days the patient did well, and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and hydrozone been used, instead of boric acid, and the abdominal wound been closed leaving saline solution in the peritoneal cavity, the patient would probably have recovered.—*Jour. Am. Med. Assn.*

Constipation in Infants.—The first step must be to regulate the habits and life of the mother. She must be placed on a diet of fresh meat, fresh vegetables and freshly cooked fruit, with due provision for regular exercise and restriction in the matter of tea-drinking, and other dietetic irregularities. This *régime* will diminish the proteid and increase the fatty constituents of the milk, and will go far to rid the infant of the tendency to constipation. Should it fail, the best treatment for the child is the administration of cream in doses of from one to two teaspoonfuls in warm water from time to time just before the periodical meal.—*Medical Press and Circular*.

SURGERY.

The Hernia Guarantee and the Minimum of Confinement After Operation for Appendicitis With or Without Pus.—Dr. George M. Edebohls (*New York Medical Record*, May 13) writes as follows:

So vast is the literature of appendicitis, embracing more than twenty-five hundred books and journal articles, that it is almost inexcusable to add thereto except for very good reasons. The writer has just completed the task of looking through this entire voluminous literature, and as the result of his labors has reached, among others, the following conclusions:

1. Sufficient attention has been called to the techniques of the perfected operation for chronic appendicitis to render ignorance thereof inexcusable on the part of anyone practicing abdominal surgery.

2. The techniques of the operation for acute appendicitis with pus still form a subject for discussion. The principles underlying the operation, as enumerated in the paper, will, if adopted, lead to results as satisfactory comparatively as those obtained in chronic appendicitis.

3. The value and universal applicability of the gridiron incision of McBurney in cases of acute appendicitis with pus, though dwelt upon of recent years by a number of American surgeons, are not in practice sufficiently appreciated.

4. Nor is the fact too widely known that the duration of confinement after operation for chronic appendicitis need not exceed a week, and may, indeed, be considerably shorter.

5. The duration of confinement after operations for acute ap-

pendicitis with pus, excepting cases in which fecal fistulæ form, need rarely exceed two weeks at the outside. Since putting in operation the technique outlined, the longest period of confinement in the writer's practice has been, in one case, fifteen days. In that case five separate intra-peritoneal pus pockets had to be drained, and the wound was not ready for secondary closure until fourteen days after operation.

6. Hernia need no longer be dreaded after operations for appendicitis, acute or chronic, with or without pus.

7. There seems to be no longer any good reason why all patients suffering from appendicitis, acute or chronic, should not have the benefit of operation.

Treatment of Tubercular Abscess by Injection of a Formalin-Glycerin Solution. — Dr. J. Hahn treats successfully tubercular arthritis and cold abscess with injections of formalin-glycerin, the curative effect of which is much superior to that of iodoform injections.

First a puncture is made with a fine trocar, to which is fitted a sterilized syringe. The cavity is washed out with boric acid solution, and then injected with a 1-per-cent. formalin-glycerin solution. A quantity equivalent to one-third or one-half of the pus evacuated is used. The orifice is then closed, and the limb put at rest. Soon after a local reaction, more or less intense, occurs, producing swelling, fever and pain, which may become so intense as to necessitate an injection of morphine. These phenomena disappear in a few days, and the quantity of exudate likewise diminishes.

At the end of two weeks a new puncture, leverage and injection is gone through with. In certain cases, however, a second injection is unnecessary, the purulent secretion being dried up by the first.

This treatment produces particularly favorable results when it is used upon joints that are distended with pus. In these cases the necrotic tissue and caseous masses must be removed also, and the medicated liquid made to penetrate all the corners and recesses of the joint. Dr. Hahn has found this treatment specially adapted to the hip and the knee, and often seen rapid healing take place with complete preservation of function. The result was less favorable in tubercular arthritis about the hand and foot.

When tuberculosis occurs here, it is sometimes necessary to perform arthrectomy, in spite of several injections.

Cold abscess does not occur after one or two injections, and the spondylitis is often improved. Moreover, under this treatment Hahn has obtained a very encouraging result in a case of tubercular empyema of the pleura. — *Revue Mensuelle. — Pediatrics.*

DERMATOLOGY AND SYPHILOLOGY.

Locomotor Ataxia and Syphilis.—Dr. Albert S. Ashmead (*Journal of the American Medical Association*, Sept. 2), referring to a statement that “Professor Erb, from his researches in one thousand cases, believes that ‘tabes’ (locomotor ataxia) is almost without exception due to syphilis,” asks how Professor Erb would explain the fact that in Japan, where syphilis has scourged the population for thirteen hundred years, locomotor ataxia is unknown. In a venereal clinic of ten thousand cases Dr. Ashmead did not find a single case of locomotor ataxia, nor did he meet a native physician who knew of such a disease as “tabes.”

Opposed to this opinion of Professor Erb, says the author, in Germany there stands that of Professor Virchow, who believes that syphilis has no relation whatever to locomotor ataxia.

• Upon this the editor of the *Journal* comments as follows:

“Appropos of the above from Dr. Ashmead, we quote the following abstract from the August number of the *Journal of Nervous and Mental Disease*, referring to a paper on ‘Tabes Dorsalis und Syphilis,’ by A. Guttman (*Zeitschrift für klinische Medizin*, 35, 1898, p. 242): ‘The reaction, evident of recent years, against the view of the etiological significance of syphilis in tabes is made more pronounced in the statistics of the author. In all, some one hundred and thirty-six cases of tabes were closely studied, and of these, deducting six doubtful cases, 28.6 per cent. had had syphilis, while 71.4 per cent. were distinctly nonsyphilitic.’ The author also considers the evidence derived from the fruitfulness of syphilitic medication, and gives his approval of the general methods used to strengthen the body—baths, massage and electricity.”—*N. Y. Med. Jour.*

Whilst not wishing to oppose any view, we would refer all those interested in this subject to the Lettsomian lectures on syphilis

of the nervous system, by Gower. They will there find this subject fully discussed in a most convincing manner.

For Loss of Eyelashes.—When the eyelids do not show redness or other sign of inflammation, attention should be given to the general health, possible rheumatic conditions treated, and local inunctions be prescribed as follows:

R.	Ac. gallici	gr. viij.
	Ol. ricini	℥ss.
	Ol. lavandulæ	gtt. iv.
	Vaselini	℥v.
M.		
	Ft. unguentum.	
Sig.	External use.— <i>Trousseau</i> .	

ORTHOPEDIC SURGERY.

Necessity of Post-Operative Treatment of Club-Foot.—Dr. R. Tunstall Taylor arrives at these conclusions:

1. Any surgeon who is conversant with the anatomy of the foot and the pathology of congenital talipes equino-varus can correct this deformity; but the work of the best surgeons will be worse than useless if correction is not maintained by a suitable ambulatory brace for months afterwards.
2. To prevent the recurrence of varus three points of pressure must be on the brace, viz.: at the metatarso-phalangeal articulation of the great toe, at the inner side of the heel, and at the calcaneo-cuboid articulation on the outer side of the foot.
3. There must be a stop-joint at the ankle to prevent a recurrence of the equinus.
4. To prevent supination of the foot the inner side of the brace and shoe must be lower than the outer.
5. Any mutilating operations to the bony framework of the foot, such as the removal of the astragalus, cannot be too highly condemned as contrary to the best interests of the patient.—*Maryland Med. Jour.*

GENITO-URINARY DISEASES.

Method of Using Protargol in Gonorrhea.—Dr. J. Stephen Nagel (*The Plexus*), on the ground of fifty cases successfully treated with protargol, formulates the following general plan of treatment: The protargol injections should be commenced as soon as the discharge appears, and continued as long as the microscope shows any of the gonococci present. The treat-

ment should be started with a one-fourth of 1 per cent. solution in distilled water, to be used in a blunt-pointed hard rubber or glass syringe. The patient is instructed to inject one syringeful every four hours, day and night, and to retain it in the urethral canal by compressing the meatus for two or three minutes. At the end of five or six days the strength of the solution should be increased to one-half of 1 per cent., and during the following five or six days the interval between the injections should be lengthened to six hours, and the solution retained for four or five minutes. The amount of protargol should again be increased to three-fourths of 1 per cent., the interval lengthened to every eight hours, and the period of retention to six or eight minutes. If at the end of the third week a few gonococci are still present, injections of $1\frac{1}{2}$ per cent. should be used twice daily, to be retained in the morning for ten minutes and in the evening for fifteen minutes. In following up this method of treatment an uncomplicated case of anterior urethritis can, in the majority of cases, be entirely and permanently cured in from fifteen to eighteen days.—*Buffalo News*.

Gonorrhea and Vulvo-Vaginitis in Children.—Dr. Nosotti (*Brit. Med. Jour.*, Sept. 30, 1899) speaks well of protargol in the treatment of gonorrhea at all stages. The solution varied from $\frac{1}{2}$ per cent. in the early days to 2 per cent. in the later stages. No ill effects were noticed; no epididymitis or other secondary inflammation. It was much more satisfactory as an injection than permanganate of potash. It was found very useful in the vulvo-vaginitis of children. Protargol causes a free elimination of epithelial and pus cells and of gonococci from the urethral mucous membrane.

OPHTHALMOLOGY.

Normal Eyes in Railway Employees Needed.—Dr. Joseph A. White comes to the following conclusions (*Railway Surgeon*):

1. That perfectly normal color perception (not color knowledge) of red and green, normal visual fields, and good hearing, should be requisite to the physical fitness of all applicants for any position in railway service in which they may be connected with the signal service of running trains, or of all who may be in the line of promotion to such positions.

2. That they should be examined when promoted to engine-men, conductors, etc., and the same standard be required.

3. That a re-examination should also be made after injury or illness of any kind that might cause depreciation of the color sense, sight or hearing.

4. That if addicted to the constant use of liquor or tobacco, they should be examined at stated intervals, such intervals being fixed by the results of experience.

5. If in these re-examinations the color sense be found impaired, or the vision lower than 20-40s. or hearing less than 2-3 of normal, they should be relieved of duty in running trains, or transferred to some other position.

6. That employees not directly engaged in running trains, such as telegraph operators, station agents, station baggagemen, etc., should have normal color sense, but that a vision of 20-40s and hearing 2-3 will answer.

7. That these examinations should be conducted by a surgeon of the road, or by some responsible employee who has been thoroughly instructed in the methods of making them, and whose color sense, vision and hearing should be up to the highest standard; and he should refer all cases about which there is the slightest doubt to the ophthalmic and aural surgeon in the employ of the road.

8. That all railroads should adopt these or similar regulations for testing the physical fitness of their employees, both for their own interests and those of their patrons.

9. That whenever and wherever practicable, legislation should be encouraged to bring about a general acceptance of the much-needed reform.

TERATOLOGY.

A Supernumerary Placental Cord. — Dr. Albert Seitz, McMinnville, Tenn., relates the following case:

Mrs. D., an American woman, white, aged 30 years, weight 130 pounds; was married one year before confinement; the family history was good; there are no bad hereditary tendencies; both parents are living and healthy; the health of the brothers and sisters is good. This was her first child, with no previous miscarriages, and she gave no history or evidence of syphilis, gonorrhea, or injury of any kind. All the organs and systems of the

body seemed healthy and in good condition, each performing its functions properly.

Labor began a little before midnight on May 9, 1899, when I was called. It continued normally until 9 A.M. May 10, when a female child, weighing seven and one-half pounds, was born. The presentation was by the vertex, position L. O. A. The whole process of delivery was normal. I handed the child to the nurse, after having ligated and cut the cord, and, turning to the mother, placed my hand over her pubic region to ascertain if the uterus was contracting properly, when I was surprised to find the fundus uteri out of its accustomed place. I at once introduced my hand into the vagina, where I encountered the placenta low down, and pushing my fingers on up to the cervix, I found the fundus uteri coming through the neck. I could feel a cord extending from the placenta, and firmly attached at the other end to the fundus uteri. I supposed at first that this cord was simply adherent membranes, as I had found this condition a number of times before, but I soon found that it was too firm and resisting for that. I separated it as quickly as I could from the uterus with my fingers, which was rather difficult to do, and replaced the inverting fundus to its proper location. I then removed the placenta and membranes to which this second cord was attached. I placed the edges of the membranes, where they had been ruptured, in apposition, to see if any had been torn away, and found them all there. I then examined the abnormal development by which the placenta had been attached to the fundus, and found that it was composed of enlarged blood-vessels, both arteries and veins, together with a greatly thickened outgrowth of the membranes, and a substance which exactly resembled the jelly of Wharton. This cord was about five inches long, as large in diameter as the normal cord, had two permanent twists in it, and resembled a normal umbilical cord in every particular except in length. It was attached to the margin of the placenta and to the membranes at this place, and must have been an effort on the part of nature to form a second umbilical cord, the cord proper being in its usual place and normal in every way, as were also the placenta and its membranes, with the exception of this second attempt at a cord. There was no evidence in this case of there having existed a twin pregnancy, nor of the presence of a

second or rudimentary placenta, this short cord being attached directly and intimately to the fundus uteri. It was the weight of the placenta pulling on this cord which was inverting the uterus. The mother passed through a normal puerperium, and she and the child are well.

ANTENATAL PATHOLOGY.

Congenital Cystic Kidney, with a Report of a Case.—Dr. E. E. Graham, at the late meeting of the American Pediatric Society, stated that he saw this baby about twenty minutes after birth. It was well developed, but distinctly cyanotic, breathing feebly, and the cyanosis appeared to be more marked than the heart's action and feeble breathing should produce. The body was limp, and the child could not be aroused. Death occurred forty-five minutes after birth. The autopsy made four hours later showed a normal heart, small areas of lung tissue containing air, liver, spleen, and mesenteric glands normal, and both kidneys cystic.

PROCTOLOGY.

The Treatment of Fibrous Stricture of the Rectum.—Dr. W. H. Horrocks says that the usual treatment by passing bougies is very painful and affords only temporary relief. Forcible dilatation is a dangerous and unscientific method. It is dangerous because the stricture yields at its weakest part, which may lead to laceration and infection of the peritoneum. It is unscientific as the tear, when healed, leaves the patient in much the same condition as before the operation.

He then records one or two cases treated very successfully by a vertical division at the part most removed from the peritoneum. The vertical is converted into a transverse slit, and the margins stitched together. To do this the stricture must be within reach, and it is an advantage if the mucous membrane above the strictured part is loose and healthy.

He says: "The simplicity of this method, which is an application of the operation of pyloroplasty to rectal strictures, is a great advantage in treating suitable cases. There seems no reason to doubt the permanency of the cure."—*British Medical Journal*.

MEDICO-LEGAL.

Pregnancy Not Necessary for Commission of Abortion; Statutory Exceptions.—Mr. Arthur N. Taylor writes: In harmony with the above decision, and probably based upon the same reason, viz.: that the chief aim of the law is to protect the woman from injurious attempts to cause her to miscarry—is the rule that it is not essential that the woman shall, in fact, be pregnant when operated upon, in order to render the person attempting to produce her miscarriage criminally liable. This rule can not, of course, exist where the statute under which the attempted abortion is sought to be punished expressly provides that the woman shall be pregnant; such statutes sometimes provide that it shall be a crime to produce or attempt to produce an abortion upon a woman “pregnant with child.” In such a case it is an essential part of the crime that the person upon whom the attempt has been made was in fact so pregnant, and if the prosecution fails in showing this condition to have existed the accused can not be convicted even though it is clearly shown that he has attempted to produce an abortion. Nor will it make any difference in the necessity of proving the pregnancy that a new law may have been enacted obviating this necessity by eliminating the words “pregnant with child,” after the time of the alleged attempt to perform an abortion, and before trial, it being a constitutional guarantee that no person shall be convicted of a criminal act upon less evidence or evidence inferior to that which would have been requisite to a conviction at the time the alleged criminal act was committed.—*N. Y. Med. Jour.*

Medico-Legal Notes of Interest to Physicians.—An old Pennsylvania law has been singularly revived in Pittsburg. Fifteen years ago Frank Leslie Gould had a leg cut off by a car of the South Side Passenger Railway Company. He was then only 5 years old, but attained his majority recently, and now brings suit under an act of assembly approved March 27, 1713, which permits a minor to bring an action for damages within six years after he becomes 21 years old, in his own right, and without reference to the time when the cause for the action may have occurred. As late as 1881 the Supreme Court of Pennsylvania decided a case in which the act was declared to be good law. Young Gould claims \$25,000 damages for the loss of his leg.

BOOK REVIEWS.

Operative Surgery. By JOSEPH D. BRYANT, M.D. In Two Volumes. Vol. I. General Principles, Anesthetics, Antisepsis, Control of Hemorrhage, Treatment of Operation-Wounds, Ligature of Arteries, Operations on Veins, Capillaries, Nervous System, Tendons, Ligaments, Fasciæ, Muscles, Bursæ, and Bones. Amputations, Deformities, Plastic Surgery. 8vo.; pp. 587. With 749 Illustrations, 50 of which are in color. [New York: D. Appleton & Co., 1899. Price, \$5.00, cloth. Sold by subscription.]

The work before us is certainly among the best of its kind. The author has entirely recast it so that it would conform to the surgery of to-day. Whilst the second edition was unexcelled when it appeared, the third, which is before us, is vastly superior to it. The exigencies of progress have made this imperative, and the author has met this demand and in doing so has found it necessary to enlarge, thus necessitating two volumes instead of one, as formerly. This ensures the certainty that the subject has been thoroughly covered. As in the second edition, operations on the female sex, the eyes, and ears have not been mentioned, as they form the subject matter of large works more properly devoted to these subjects exclusively.

The present volume is a more than ordinarily excellent one. As the title implies, the work is devoted to operative surgery and not to the pathology and symptomatology of surgical diseases. Technique is the key to the entire work, and in this it is unexcelled. All the various points connected with operations are considered at first. Then follow portions devoted to anesthetics and the proper cases in which to administer them, as well as the dangers to expect and their treatment. In this connection local anesthesia is taken up, including the infiltration method of Schleich. Antiseptics and when to use them are next considered. A very interesting portion is that devoted to the control of hemorrhage, and very excellent advice and methods are given in connection with the subject.

Operations on veins, capillaries, the nervous system, tendons, ligaments, fasciæ, muscles, bursæ, and bones are described with a minuteness of detail that will enable any one to be able to repeat them unless in quite complicated cases. Everything is so simplified and rendered so clear, details are so well explained, and the technique so thoroughly elucidated that, under such treatment, operative surgery becomes a comparatively easy matter. Amputations are considered from what may be denominated a rational surgical point of view. Operations on the skull are described in a demonstrative manner and many cautions given concerning the proper technique. The volume concludes with a

chapter on plastic surgery, which is fuller and better than is generally found in text-books on surgery.

One of the features of this work is the thorough manner in which it has been illustrated, many of the figures being colored. A large number of new ones have been introduced, notably half-tones. Every point in the technique, the instruments and apparatus are figured in a manner that has nothing obscure or misleading to puzzle the reader. Taken altogether, the work as it stands to-day is alone as an instructor to student and reliable guide to the operating surgeon. It will meet with a large sale, as it is just exactly what the aspirant to the position and name of an operating surgeon needs and desires. The typography, paper, binding, and execution of the illustrations are of the best and worthy of the text.

Refraction and How to Refract. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-Glasses, etc. By JAMES THORINGTON, A.M., M.D. Small 8vo.; pp. 301. Two Hundred Illustrations, Thirteen of which are Colored. [Philadelphia: P. Blakiston's Son & Co., 1900. Price, \$1.50 net.

This is written in the same style as the same author's work on Retinoscopy which became so popular. In the book before us he deals with refraction, one of the most difficult subjects in ophthalmology. With his usual cleverness and perspicuity he makes it easy for his readers, and very wisely dispenses with that horror of all students of the subject—mathematical formulæ. He makes the subject of optics clear without having resort to them. In fact, throughout the book he makes his subject an easy one to understand. The detection and correction of refractive errors are simplified in just the manner which practitioners desire. The author devotes some considerable time to bifocals, which, to my mind, are not a form of glass to recommend to patients. The proper fitting of spectacles and eye-glasses is demonstrated, and very justly so, as ill-fitting frames are numerous and confront us on every side. We notice a little error on page 75, where the reader is referred to Fig. 67, showing the order of letters on a test-card change. Fig. 67 is a diagram of an eye at rest.

The book is a most excellent one and a fitting companion for Retinoscopy. It is well printed, upon good paper, and the illustrations are well brought out.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M.A., M.D., LL.D. 8vo.; pp. 866. Tenth Edition. Revised and Enlarged. [New York: D. Appleton & Co., 1899. Price, \$5.00.

The volume before us has lost none of its popularity, if we are to believe expressed opinions of both students and practitioners

It has become a classic and is consulted more frequently than the works on the same subject by other authors. No better evidence of this could be offered than the fact that the tenth edition of the book lies before us. It has been made somewhat larger through the additions necessitated by the introduction into general practice of a large number of new remedies of tried worth. These are to be found treated of in as thorough a manner as reports up to date will justify. Proprietary medicines are not mentioned, and yet some are standards in the practice of the medical profession and popular on account of their constant reliable action.

The author refers to the next decennial revision of the Pharmacopeia, which will doubtless result in making official a number of drugs which have been introduced since the last revision. Those most likely to be adopted have been considered in this book, and we have no doubt that the judgment of Dr. Bartholow upon this point is correct. At all events whatever he writes may be looked upon as authoritative, and his descriptions, whether of drugs or of their therapeutic effects, may be relied upon as thoroughly trustworthy, as they have proven themselves to be in the past.

The book is a handsome one and will find a handy place in every physician's library, so as to be easily accessible for reference.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D. Vol. IV. December, 1899. Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas, and Peritoneum—Genito-Urinary Diseases in the Male, and Syphilis—Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics—Diseases of the Kidneys—Physiology—Anatomy—Hygiene—Practical Therapeutic Referendum. 8vo., pp. 408. With 51 Engravings and 5 Plates. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$10.00 a year.

In this the concluding volume of the series of 1899 of *Progressive Medicine* there is a good selection of a variety of subjects, the majority of which will prove of more than ordinary interest to the physician. The opening review of articles on diseases of the digestive tract and allied organs, the liver, pancreas, and peritoneum, is particularly rich so far as the stomach is concerned. As would naturally be supposed, but few contributions have been devoted to the pancreas. This section is very ably handled by Dr. Charles G. Stockton. The genito-urinary diseases in the male, and syphilis, constitutes the subject of the part under the supervision of Dr. William S. Belfield. Whilst the genito-urinary portion is excellent, we fail to find a mention even of syphilis, and this is certainly an important subject. The editor of this section has but a mediocre opinion of the Bottini

operation. Fractures, dislocations, amputations, surgery of the extremities, and orthopedics, reviewed by Dr. Joseph C. Bloodgood, constitutes the largest section, as it deservedly should. Diseases of the kidneys receives careful consideration at the hands of Dr. John Rose Bradford, who shows much discrimination and good judgment in his comments. The articles on physiology have been carefully selected by Dr. Albert F. Brubaker, who greatly enhances their value by his well-chosen remarks. Anatomy is in reality an original article on nomenclature, by Frederick H. Gerrish. This is a most valuable article, and is one that not only every anatomist and surgeon should read, but every writer as well, no matter what his special department may be. It is full of practical good sense, and the system advocated is simplicity itself. It has the sanction of the most prominent authorities. Dr. Henry B. Baker has almost entirely written that portion devoted to hygiene. Throughout but few recent papers are quoted, and then merely to accentuate the author's views, which are of the most advanced and correct.

In practical therapeutic referendum we have a summary of the principal therapeutic hints given in the four volumes of *Progressive Medicine*, so arranged as to be easily referred to, the diseases being given in alphabetical order. After each prescription is given a reference to the volume and page on which it occurs, so that the reader may refer to it for more particulars. This work has been done by Dr. E. Q. Thornton, and in a very thorough manner.

As we stated at the beginning of this review, this volume terminates the first series of this very valuable publication. It is exactly what its name signifies—progressive medicine. It has met with unprecedented success so far, and we can safely predict that it will be even more successful in 1900, for a steady improvement has marked the appearance of each volume.

Bacteriology in Medicine and Surgery. A Practical Manual for Physicians, Health Officers, and Students. By WILLIAM HALLOCK PARK, M.D., assisted by A. R. GUERARD, M.D. 12mo., pp. 693. Illustrated with 87 Engravings and 2 Colored Plates. [New York and Philadelphia: Lea Brothers & Co. 1899. Price, \$3.00 net.

About two decades have elapsed since the demonstration of pathogenic bacteria was made in a few isolated diseases, and today we have in medicine as one of its most important studies that of bacteriology. It is one which has become specialized, and to obtain skill in it requires special study, care, and attention. This, however, should not deter the practicing physician from acquiring a working knowledge of its practical applications and some degree of familiarity with the principles which underlie the study, as well as of methods of investigation in a certain number of diseases, such as commonly occur in every-day practice.

The book before us is not only a comprehensive as well as practical manual, but it is one which is well written by a teacher of experience. The reader or student is not burdened with a mass of more or less digested information on an appalling number of bacteria. He is rather instructed with fullness on the principal pathogenic micro-organisms productive of the diseases most frequently encountered. This is not the only thing given. Of course, technique is fully described, together with the appearances presented by the different bacteria taken into consideration. The author has laid more than ordinary emphasis upon the chemical changes produced by bacteria. Infection and immunity enter for a good share of attention, and these subjects are handled in a thorough and competent manner. One subject which could be read with profit by many is that on the diagnostic value of bacteriological cultures. A portion of this book which will prove of the greatest value to health officers is that devoted to laboratory methods for the isolation and identification of the bacilli of typhoid, tubercle, and diphtheria. These methods are described with especial fullness and clearness.

An appendix is given wherein are described briefly a few representative pathogenic micro-organisms which are not bacteria. This is not the least interesting part of the book, in view of the fact that in it are to be found descriptions of actinomycosis, favus, and ring-worm fungi; yeast, malarial parasites, ameba coli, vaccine, the micro-organism of small-pox and cow-pox, and rabies. Added to this most useful group is another important portion. Besides a full general index there is one of diseases and the bacteria found in them. This is certainly of the highest usefulness for purposes of orientation.

The illustrations are numerous and well-chosen, and the book is of convenient size for use in the laboratory. We expect to hear of a large demand for it, more especially in view of the fact that the price is so reasonable.

Transactions of the American Orthopedic Association.

Thirteenth Session, held in New York, N. Y., May 31 and June 1 and 2, 1899. Vol. XII. 8vo., pp. 367. Illustrated. [Philadelphia: Printed for the Association. 1899.]

In this volume we have presented a large collection of most valuable papers upon orthopedic surgery. The size of the volume exceeds that of previous years and the range of subjects is larger, whilst the number of illustrations is large. As in former years, the volume is characterized by a handsome appearance, and made in the best style of the book makers' art. The authors who are represented cover the entire United States, Canada and England. This is certainly a most excellent showing for this association, and the large attendance and the number of papers read argue most favorably for the interest of the members and their industry.

Among the interesting papers are the Autobiographical Reminiscences of Dr. Charles Fayette Taylor. Joint Infection in Typhoid Fever, by Dr. Charles W. Wilson, will be of more than ordinary interest to general practitioners. Dr. A. B. Judson's Biographical Notes on Subcutaneous Tenotomy is a glimpse into the past of more than ordinary interest. An interesting though short paper is furnished by Dr. L. A. Weigel on a case of Injury to Elbow; Fracture Disproved by Radiograph. This is certainly a strong plea for careful examination and exact diagnosis. We could not begin to attempt to notice all the papers read, each one of which is of the highest interest to orthopedic surgeons, and very many to the physician in general practice. Under the head of New Apparatus no less than ten were presented, two being instruments.

As we have had to remark on former issues of the Transactions of this Association, the quality improves progressively year by year, and the present volume is no exception. This is due to the indefatigable and harmonious spirit which pervades the personnel of this society. We know of none better organized or presenting better work than this one. Its transactions are the best evidence of this, and this certainly assures it a future to be envied by other medical bodies. The Publication Committee is certainly to be complimented upon its good work, as represented in the present volume.

A Manual of Organic Materia Medica and Pharmacognosy.

An Introduction to the Study of the Vegetable Kingdom and the Vegetable and Animal Drugs. By LUCIUS E. SAYRE, B.S., Ph.M.. Second Edition. Revised. With Histology and Microtechnique. By WILLIAM C. STEVENS. 8vo., pp. 684. With 374 Illustrations, the Majority of which are from Original Drawings. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$4.50 net.

Whilst this book has been written for students of pharmacy and pharmacutists, it would be of real advantage to physicians to possess a copy. It deals with organic products only, and this includes the chemistry of the active principles. The botanical names are not alone given, but we have in addition to this descriptions of the various plants, together with illustrations and histological pictures of those portions which are employed. The author does not regard the histology as being sufficient, but enters into botanic physiology to make the anatomy clearer and more easily understood. Directly hinging upon this and as an inevitable conclusion, pharmacognosy follows. This is a branch in which physicians are sadly deficient, making them rely implicitly on the word of the druggist.

The work before us has long since been recognized as authoritative, and it certainly deserves this high opinion. Since the first

edition appeared, a number of years ago, many additions to organic materia and pharmacognosy have been made, and this fact has led to this revision. A great deal has been added without increasing the size of the work by the omission of that part devoted solely to botany. We are pleased to see the appearance of this volume, as it certainly deserves more than passing recognition at the hands of the medical profession, and should have a very good educational effect upon its members.

Microscopic technique is given in a short chapter in a very good way, and the various steps in making sections of vegetable material clearly set forth. All these little technical details aid in making the book valuable as a reliable guide and handy reference book.

The illustrations are numerous, clear, and very helpful. The book on the whole is gotten up in handsome style, and we expect to see it sell well.

Coca and Its Therapeutic Applications. By ANGELO MARIANI. Third Edition. 8vo., pp. 67. With Illustrations. [New York: J. N. Jaros. 1896.

This little monograph contains a mass of useful information on coca; its culture, its history, its preparations, and its therapeutic action. It is written by one whose labors have identified his name with the plant. Any of our readers who desire to obtain further and scientific knowledge on the subject may obtain a copy of this book, gratis, by sending a request for it to Messrs. Mariani & Co., of New York City.

Loveliness. A Story by ELIZABETH STUART PHELPS. 12mo., pp. 43. [Boston and New York: Houghton, Mifflin & Co. 1899. Price, \$1.00

This is the story of a dog which was stolen and finally found its way into the hands of a demonstrator of vivisection. The story is told in a hysterical way, is very melo-dramatic in some parts, and incorrect in others. It will suit the tastes of some hyperesthetics, but will never convince physicians. As a protest against vivisection it lacks strength.

Notes on the Modern Treatment of Fractures. By JOHN B. ROBERTS, A.M., M.D. 8vo., pp. 162. With Thirty-nine Illustrations. [New York: D. Appleton & Co. 1899. Price, \$1.50.

This little book contains a number of revised articles written by the author on different occasions. He gives the key-note in his preface when he urges all who have any occasion to treat fractures to do independent thinking, which leads to the abandonment of false theories. It is a book which will prove of the highest interest to surgeons, and in which they will find many useful hints interspersed throughout the notes. The illustra-

tions which are given are quite to the point, and the skiagraphs published in connection with some of the cases are very demonstrative. We can heartily recommend this opuscle to all those who will ever have occasion to treat fractures, and more especially such as are difficult to manage or recognize.

The Urine and the Clinical Chemistry of the Gastric Contents, the Common Poisons, and Milk. By J. W. HOLLAND, M.D. Sixth Edition, Revised and Enlarged. 12mo., pp. 124. Forty-one Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

The success of this handy pocket volume is evidenced by the number of editions through which it has passed. A large number of the pages are left blank on one side for notes, memoranda, calculations, etc. This is most convenient, as the book is intended to be used as a syllabus for the laboratory. It will always remain popular with students, and physicians will find it a no mean help in their investigations.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Operative Surgery. By Joseph D. Bryant, M.D. In Two Volumes. Vol. I.: General Principles, Anesthetics, Antiseptics, Control of Hemorrhage, Treatment of Operation-Wounds, Ligation of Arteries, Operations on Veins, Capillaries, Nervous System, Tendons, Ligaments, Fasciæ, Muscles, Bursæ, and Bones, Amputations, Deformities, Plastic Surgery. 8vo., pp. 587. With 749 Illustrations, 50 of which are in colors. [New York: D. Appleton & Co. 1899. Price, \$5.00, cloth. Sold by subscription.

Transactions of the American Orthopedic Association, Thirteenth Session, held in New York, N. Y., May 31, and June 1 and 2, 1899. Vol. XII. 8vo., pp. 367. Illustrated. [Philadelphia: Published by the Association. 1899.

Bacteriology in Medicine and Surgery. A Practical Manual for Physicians, Health Officers and Students. By Wm. Hallock Park, M.D., assisted by A. R. Guerard, M.D. 12mo., pp. 693. Illustrated with 87 Engravings and 2 Colored Plates. [New York and Philadelphia: Lea Brothers & Co. 1899. Price, \$3.00 net.

The Urine and the Clinical Chemistry of the Gastric Contents, the Common Poisons, and Milk. By J. W. Holland, M.D.

Sixth Edition. Revised and Enlarged. 12mo., pp. 124. Forty-one Illustrations. [Philadelphia: P. Blakiston's Sons & Co. 1899. Price, \$1.00 net.

Coca and its Therapeutic Applications. By Angelo Mariani. Third Edition. 8vo., pp. 67. With Illustrations. [New York: J. N. Jaros. 1896.

A Manual of Organic Materia Media and Pharmacognosy. An Introduction to the Study of the Vegetable Kingdom and the Vegetable and Animal Drugs. By Lucius E. Sayre, B.S., Ph.M. Second Edition. Revised. With Histology and Microtechnique. By William C. Stevens. 8vo., pp. 684. With 374 Illustrations, the majority of which are from Original Drawings. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$4.50 net.

A Practical Treatise on Materia Media and Therapeutics. By Roberts Bartholow, M.A., M.D., LL.D. 8vo., pp. 866. Fourth Edition. Revised and Enlarged. [New York: D. Appleton & Co. 1899. Price, \$5.00.

Refraction and How to Refract. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eyeglasses, etc. By James Thorington, A.M., M.D. Small 8vo., pp. 301. Two Hundred Illustrations, Thirteen of Which are Colored. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.50 net.

Notes on the Modern Treatment of Fractures. By John B. Roberts, A.M., M.D. 8vo., pp. 162. With Thirty-Nine Illustrations. [New York: D. Appleton & Co. 1899. Price, \$1.50.

Loveliness. A Story by Elizabeth Stuart Phelps. 12mo., pp. 43. [Boston and New York: Houghton, Mifflin & Co. 1899. Price, \$1.00.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Vol. IV. December, 1899. 8vo., pp. 408. With 51 Engravings and 5 Plates. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$10.00 a year.

The Antikamnia Calendar for 1900.—We are reminded of the ushering in of a New Year by the receipt of the Antikamnia Calendar for 1900. As in past years, it consists of six colored plates of new pictures of the famous skeleton series of that talented artist-physician, Dr. Louis Crusius, who, although stolen from our midst by death, still lives in our memories. The pictures are as comic and as life-like, if such an expression may be permitted in connection with skulls, as any of the former issues. All the fine coloring and the execution of the originals have been presented in these reproductions, and the Antikamnia Chemical Co. is to be congratulated upon its renewed success in issuing them. Like everything which they provide for the medical profession, this calendar ranks among the best.

Morse's Advertiser's Handy Guide, Vol. XIV., of which has just been issued by the Lyman D. Morse Advertising Agency, whose reputation in the advertising field is world-wide, is a substantial and standard work of reference, indispensable to advertisers large and small. It is as important to the buyer of space as a "price current" is to a buyer of goods. If any evidence were needed that this work has permanently taken the lead in its class, it will be found in the fact that the Lyman D. Morse Advertising Agency has received a very large number of commendatory letters from advertisers in both the United States and Europe.

Not the least of its important features is its condensed form. It may be carried with ease in the pocket, and as such commends itself to every traveling salesman who contracts for advertising in the towns along his route. Its up-to-date character is shown by the addition of a list of publications in Cuba, West Indies, Mexico, Central America and South America. In addition to this and the general list of Daily and Weekly Newspapers, are special lists of class publications grouped under the following heads: Magazines, Medical Journals, Agricultural and Religious papers, and those in foreign languages.

The lay mind can not possibly conceive the amount of care and work and strict attention to detail necessary to give a work of this character the high reputation for accuracy which this book has. It may be obtained from the publishers—Lyman D. Morse Advertising Agency, 38 Park Row, New York, on receipt of the price, \$2.00.

The Columbia Desk Calendar, which has been regularly issued for the last fifteen years by the Pope Manufacturing Company, Hartford, Conn., makers of Columbia bicycles, is now being distributed. The company will send the calendar to any address upon receipt of five 2-cent stamps.

This calendar is unique among publications of its kind. At the top of each of the 365 inner pages appears a paragraph in prose or verse, furnished by a contributor. At the foot of each page are date lines, which, in clear and distinct type, denote the day of the week, month and year. Between the opening paragraph and the date lines ample blank space is left for jotting down memoranda. The frame which holds the pad is arranged so that the calendar may be hung in any convenient location or placed upon the desk at any desired angle. For many years the Columbia calendar has been regarded as a fixture in thousands of homes and business offices, and this issue will prove a valuable addition to the series.

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 710.

VOLUME LXXVIII.—FEBRUARY, 1900.—No. 2.

ORIGINAL COMMUNICATIONS.

THE SUCCESSFUL REMOVAL OF TATTOO MARKS AND OF POWDER STAINS.*

BY A. H. OHMANN-DUMESNIL, A.M., M.D.,

Formerly Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons and in the Marlon-Sims College of Medicine;
Consulting Dermatologist to the St. Louis City and Female Hospitals;
Dermatologist to the Alexian Brothers' Hospital, Pius Hospital, etc.

Tattooing is a practice which seems to be almost universally disseminated on the globe. Among savage tribes and nations it is a species of totemism indicative of the particular tribe to which the individual belongs, or it is a mark of rank, according as the figures are distributed and the manner in which they are made. The process consists essentially in introducing, by means of some sharp instrument, india ink, cinnabar or indigo into the skin, thereby producing an indelible mark, which to all intents and purposes persists during the lifetime of the subject of the process. While there can be no doubt as to the dissemination of the custom, there does seem to be some question regarding its antiquity. A search through literature shows it to be very ancient, indeed, going back to prehistoric times. Traditions are extant which purport to allege for it a divine origin. Be this as it may, there is no doubt whatever that it is a very ancient custom.

*Read before the St. Louis Academy of Medical and Surgical Sciences, Jan. 2, 1900.

NOTE.—A portion of this article was published in the *New York Medical Journal*, May 20, 1893.

A classification of tattoo marks has been attempted, and various authors have given varieties and kinds thereof, which may all be included in the following divisions:

- I. Ornamental.
- II. Symbolic.
- III. Amatory.
- IV. Obscene.
- V. Miscellaneous.

In the first class we encounter the largest number of cases. We find included in the examples presented all those savages devoid of rank who are impelled to adorn their bodies with some designs, under the idea that it lends beauty or grace to have these tattoo marks. There exist also a certain number of civilized Caucasians who have a certain morbid desire to have a decoration of some sort or other tattooed upon the skin, looking upon the matter as an ornament. We find examples of this in the form of rings, bracelets, stars, decorations, etc. In the latter class it is usually during early youth or adolescence that the practice is most generally indulged in, mature years showing completely the foolishness of such practices.

The second class, or the symbolic form, is perhaps the most widely disseminated of all. As indicated above, among savages it is not uncommon as a badge of authority or chieftainship. The principal and petty chiefs of every tribe have each one his peculiar mode of marking the body or face or both, and can be easily recognized by his tattooing. It is to the savage what the uniform and insignia are to his civilized brother. In addition to this, it is adopted by many as a "totem," and is one of the most common forms of "totemism" which we have. The peculiarity of the tattooing indicates very clearly the tribe to which the bearer of the mark belongs, and, as it is practically permanent, a renegade can be very easily traced. Among civilized nations we find that symbolic tattooing is most commonly observed in sailors. Soldiers are perhaps next in frequency, and after them we find the various trades and occupations represented. Among sailors nautical emblems, from a simple anchor to a full-rigged man-of-war, are naturally in the ascendant. They also are profuse in the number of designs which they carry, this being frequently so great as to cover two-thirds of the integument. So far as the other members of this class are concerned, we do not find such

a large number of subjects represented, although almost every occupation has its symbolic attributes tattooed.

In the third class we find a large representation. The most common ~~amatory~~ emblems are without doubt hearts, wreaths, initials, and ~~true~~ lovers' knots, combined in every manner imaginable. Sailors are ~~very~~ prone to have these, and prostitutes are particularly favorable to them. The latter class is not always satisfied with initials merely, but the full ~~name~~ is frequently demanded. Mottoes of an amatory nature are ~~also~~ favorites, as well as terms of endearment, with or without accompanying initials. For a time it was quite a fad for respectable young ladies to have the initials of their *flancés* tattooed upon the instep or some other equally inconspicuous place; but the disadvantages accompanying this custom when a match was "broken off" became so apparent that the custom was discontinued.

So far as I have been able to ascertain, the obscene variety of tattooing seems to be limited to three classes—soldiers, criminals and prostitutes—the practice being more prevalent among the former. All the most indecent and obscene pictures, mottoes, sentiments, and designs imaginable are represented. Nothing seems too lewd or debauched for these individuals to carry upon their persons in the indelible characters conferred by tattooing. Of course there are individuals not in these three classes who also carry analogous markings, but they are so few in number as to make but a very slight proportion of the whole.

In the last class may be included all those tattoo marks which represent nothing in particular and whose origin may be traced to an imitative desire, or to no particular reason. It is a noteworthy fact that many individuals possess tattooings who are unable to give any reason for their existence, alleging as a cause pure "cussedness." The designs in these cases are varied, being sometimes two or three dots, an anchor, a letter or something similar (occasionally the individual's name or initials), but, as a general rule, very limited in extent.

While the classification given above is general in character, it must not be supposed that every case seen will strictly conform to a type. We not infrequently find two types commingled, such as the symbolic and amatory, ornamental and symbolic, amatory and obscene, etc. As an ethnological study, that of tattooing is perhaps as interesting a branch as any other, casting as it

does much light upon habits, customs, and individual peculiarities.

So far as the extent of skin covered is concerned, we find that savages are more prone to have large areas tattooed than the civilized. A possible exception might be made in regard to a sort of professional tattooed subject which is now fast disappearing. Captain Costentenus, a Greek, was exhibited some years ago as the most extensively tattooed human being living. He was literally tattooed from head to foot, his eyelids and the interior of his ears having been subjected to the process, not to mention his genitals and his palms and soles. This led to a demand for tattooed men and women for dime museums, and a number were soon forthcoming, being marked quite extensively for the small sum of fifty dollars, only the visible portions being subjected to the operation. The Greek, however, remains to-day the most remarkable living example of tattooing ever seen, there being not a quarter inch of his body that is not the seat of some figure or part of it.

The methods of practicing tattooing vary somewhat. Among the South Sea Islanders the tattooing instrument consists of the serrated edge of a sharp shell, which is dipped into the staining liquid and then driven into the skin with a sharp blow. Among northern tribes fish bones are set in a frame and used in the same manner. Civilized man employs a small bunch of fine needles, varying in number from six to ten or twelve. This is dipped in a solution of india ink, vermilion, or indigo, and sharply driven into the integument so as to penetrate into the corium or subcutaneous connective tissue. When the proper pigments cannot be obtained, charcoal or gunpowder finely pulverized is employed for the purpose. The ultimate effect of india ink, charcoal, or gunpowder is to give a blue stain, whereas vermilion or cinnabar remains red.

In addition to these deliberate methods of tattooing we also have accidental means, which are more disfiguring in their effects. Thus, powder-burns are by no means uncommon, occurring either through carelessness or purely accidental. Here it is the face and hands which are most commonly affected. Injuries inflicted by mineral coal also result in the same manner, and it is for this reason that we find this particular variety of permanent blue stains most often in coal miners. Millwrights

suffer from a somewhat analogous trouble known as siderosis. It shows itself as brownish stains on the hands and forearms, caused by particles of steel thrown off their chisel-hammers as they trim millstones. Drawers of gold wire also have staining of the hands and forearms, caused by puncture of the skin and deposit of minute particles of gold. Every metal whose oxides are colored is capable of producing its peculiar stains when it is accidentally introduced into the integument.

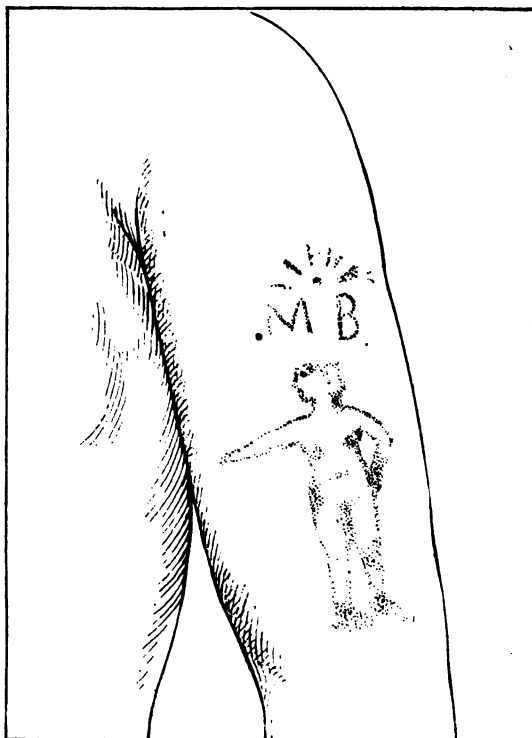


FIG. 1.—Tattooing on a woman's arm removed by Papoid Glycerole.

A question which naturally arises is as to the permanency of these stains. All tattoo marks are regarded as practically indelible. It is true that after a certain number of years they become more or less dim, but their presence can easily be verified. More especially is this true when they have been produced by the presence of carbon in the form of india ink or gunpowder. Vermilion, introduced at the same time as india ink, will

disappear, while the latter still remains very apparent. Indigo will also disappear almost completely after the lapse of years. I have never seen a clear record of india-ink tattooing disappearing completely, except in the report of the case of the Tichborne claimant, in which some medical witnesses testified that tattooing could, in the course of twenty or more years, completely disappear. I have had occasion to see tattooing of over thirty years' standing, and it was still not only visible, but remarkably clear and distinct.

The pathology of tattooed skin is the keynote of the permanency of the condition, as well as explanatory of the unsuccessful methods which have been proposed for its eradication. It also illustrates very clearly the rationale of a method, which I propose to give, which is successful, and the reasons therefor: When a section of tattooed skin is examined with the microscope, a condition is immediately apparent. It is this: Comparatively large masses, of a more or less black color, are perceived in proximity to each other. They vary somewhat in size, but a low power will show them very distinctly. Beyond, the integument again appears normal. The pigmentary masses of the normal coloration of the skin appear not only light in color in comparison, but are apparently so insignificant as to elicit comparatively little attention. The large masses of carbon—for such they are—due to the tattooing are located below the epidermis, scantily in the corium, more abundantly in the subcutaneous connective tissue, and almost always in the lymphatic spaces and ganglia as well, although in this last locality they do not make any perceptible showing upon the surface of the integument. It is this deep penetration of the particles of carbon and their imprisonment in the interlacing meshes of connective tissue which renders their presence practically permanent. The change of color from black to blue is easily explained. That portion of the carbon which is enclosed in the epidermis appears black, but it is thrown off in a short time, leaving behind it the particles situated deeper in the skin. The transmission of light through the epidermis gives them a bluish appearance, as it does to all black substances located in that portion of the integument. What has been said of these pigments tattooed in the skin, is practically true of powder stains. In the latter case they are forcibly projected by explosion into the skin; but the

particles being larger do not penetrate into the integument to a greater extent. The reason that cinnabar (vermilion) tattooing does not last so long as that of india ink, or other forms of carbon, is that it is not so diffusible and does not become enmeshed in the lymphatics so rapidly, if at all. In addition to this, cinnabar undergoes more or less chemical change, and finally becomes absorbed, whereas carbon, the active coloring constituent in india ink, coal, gunpowder, etc., is unaltered, and remains *in situ*. This is but a brief summary of the pathology, but it is sufficient to indicate the character of the condition which is to be dealt with in the treatment. It is certainly sufficiently clear to satisfactorily demonstrate the futility of any attempts at treatment wherein the structures of the epidermis alone are involved and the absolute necessity of dealing with the corium and subcutaneous structures to a limited extent, and in such a manner as not to produce losses of tissue so extensive as to result in scars or other permanent deformities.

The treatment of these apparently indelible marks is perhaps not the least interesting of the subject. As a general thing treatment is demanded in cases of more or less long standing, and various methods have been devised which are, as a rule, unsatisfactory in their results or leave scars which are worse looking than the original stains. The surgical measures employed have all proven failures. The actual cautery, the galvano-cautery, the knife, the sharp spoon, and electrolysis, in order to be effective, have brought about such a destruction of tissue as resulted in ugly scars of greater or less extent. The same may be said of the various caustics, so that it became apparent very early that these methods would have to be abandoned. A method was then suggested for powder burns, immediately after their occurrence, which was fairly successful. This is the well-known biniodide of ammonium and hydrochloric acid process. Unfortunately, it is but partially successful, resulting in failure in many instances. Following this came Variot's treatment, which is said to be successful; but of which I cannot speak highly from my experience with it. It is a rather complicated process, and it is also very painful, and entails quite an amount of disfigurement for the time being, besides subjecting the patient to the possibility of acquiring scars. The method which I propose to detail is one which, it is alleged by Dr. Dupuy, orig-

inated with natives of the Indian Archipelago. However that may be, it is one which is certainly good, so far as the original idea is concerned, but which I have only found a success by using a particular preparation to carry it out.

Before proceeding to describe the method I wish to premise that statements have appeared in print in which the method I will give has been said to be unsuccessful. Prominent among these was Dr. H. W. Stelwagon of Philadelphia, who has since acknowledged a faulty technique. On the other hand, R. H. Skillern* has reported very favorably on the method. He has, however, observed all the necessary details of technique which I may not have emphasized sufficiently when I first published my method in 1893. Since the appearance of this first publication numerous inquiries have been sent to medical journals asking for particulars of the process, and in answer to them I give it in full. It is simply as follows:

The tattooed skin is made surgically clean, or, in other words, aseptic. It is first carefully shaved, if necessary, then thoroughly washed with soap and water. After this a thorough cleansing with alcohol is given, and finally a solution of bichloride, one in a thousand, is applied. The skin is anesthetized with a spray of chloride of ethyl. Then the surface which is tattooed is covered over with glycerole of papoid. Next in order is to take a bunch of needles, previously prepared and rendered aseptic, and containing from six to ten very fine cambric needles, tightly wound with silk thread, and dip them in glycerole of papoid. These are then driven with a sharp blow into the tattooed part. This is repeated several times over the entire skin. It goes without saying that this tattooing must be thorough or but an imperfect result will be obtained, on account of the depth at which the pigment is found. And yet the needles must not be driven in too far, but merely far enough to draw the least quantity of blood.

After this curative tattooing the glycerole of papoid is poured over the area worked on and covered over with gauze. In two or three days this latter is removed and the tattoo mark will only present a very light hazy appearance. In a very short time crusts will appear at the points tattooed with glycerole of papoid. These crusts will, in turn, fall off, and the tattooing will be gone.

*Phila. Med. Jour., June 18, 1898.

If the least bit remains the same process must be repeated. I have found it necessary, as a general rule, to go over certain parts a second time in order to obtain the best results. A peculiarity in reference to this is that the process does not bring about the swelling or inflammatory reaction observed in tattooing with india ink or other pigments. This is probably due to the fact that in the first place the glycerole of papoid is not so irritating, and in the second place no buccal is mixed with it, a habit which is not only filthy but dangerous, inasmuch as it may transmit syphilis, as has been observed in many instances. Not only this, but the micro-organisms of the mouth may act deleteriously by inducing septic conditions of greater or less virulence.

The rationale of the method is one which appears to me to be about as follows: The digestive principle of the papoid is disseminated about the deposit of pigment, thus liberating it. A portion is absorbed in a finely divided state by the lymphatics; another part probably finds its way into the upper layers of the epidermis and thence to the surface. In this manner we obtain a disappearance of the pigment.

Dr. W. M. Nelson states in an article* that the remedy acted most satisfactorily in powder stains. There is no doubt that this action was due to the action of the remedy in the manner I have stated. He endeavors to imply that the theory advanced is wrong. The digestive properties of papoid (as made by Messrs. Johnson & Johnson, of New Brunswick, N. J.) are beyond all question, and have been attested to by the best authority of this country. Any one can easily demonstrate its digestive properties.

Glycerole of papoid is the only agent which I have found to act satisfactorily in eradicating tattoo marks. I have tried aqueous solutions of papoid (Johnson & Johnson) made extemporaneously, and they did not procure good results, although the powdered papoid mitigated with some alkaline powder has acted very satisfactorily in old and indolent ulcers. Papain and papayotin made into solution have also proved complete failures in the treatment of tattoo marks in my hands, so that I would advise all who intend to use this method to confine themselves to glycerole of papoid. Practitioners will find it a comparatively

*N. Y. Med. Jour., March 3, 1894.

easy matter to prepare it if they will but closely follow the following formula:

R Papoid (J. & J.)	12 gr.
Water.....	60 min.
Glycerine	180 min.
Dilute hydrochloric acid	3 gtt.

The water should be distilled water, or that which has just been boiled. The glycerine should be chemically pure. To make the mixture, first add the acid to the water (be sure to use the dilute acid), rub with the papoid in a mortar and let stand for an hour or more; add the glycerine and let the whole stand three hours or more, then filter.

Those who will take the trouble to make the glycerole as indicated, and the pains to follow the technique exactly as given, will be rewarded by successful results. I and others have had them, and any one can obtain them by the use of a little care.

To those who may be interested in a further study of tattooing and its removal, a partial bibliography of the subject is appended. Of course no attempt has been made to even refer to the inoculations which result from tattooing, such as those by syphilis, tuberculosis, psoriasis, and other diseases which are transmitted. This would not fall in line with the object of this paper.

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“Christian Science” Folly.—The late peace congress at The Hague missed an important opportunity. According to “Christian Science” (*Journal American Medical Association*)—a modern faith shared by judges, legislators, writers and others in highly civilized communities—while all disease and injury is simply a matter of belief on the part of the sufferer, its cause and hindrance to its cure may be due to the hatred and malice of others. Thus, as the *Buffalo Medical Journal* illustrates it: “No amount of water in the trenches, according to ‘Christian Science,’ could ever have given rheumatism or fever to an American soldier at Santiago. But a malicious thought on the part of his enemy would be liable to throw him into the hospital for months.” We now see the real secret of the horrors of war. Not explosive bullets, asphyxiating gases, or missiles from balloons should be alone excluded from civilized warfare, but malicious thoughts, which are far more deadly in what we non-illuminated think is a purely physical way. According to the latest revelations from “Christian Science,” hatred is a direct cause of rheumatism, and therefore a sufficient concentration of this emotion might totally disable a hostile army. The Chinese method of training troops to make faces at the enemy is directly along this line of modern progress, and ought to meet the approval of every true “Christian Scientist.”—*The Sanitarian*.

THE EMPLOYMENT OF IRON PREPARATIONS IN THE TREATMENT OF SYPHILITIC ANEMIA.

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

During the secondary stage of incubation in syphilis; or that period which intervenes between the appearance of the chancre and the manifestation of secondary syphilides, it is a common matter of observation to see anemia show itself. The infective process would seem to have a specific action in the production of this symptom, as it also does in the calling into being of the hyperthermia, so well known under the name of syphilitic fever. It is the simultaneous manifestation of these two symptoms which has in so many cases led careless practitioners to prescribe quinine under the fallacious idea that the trouble was malarial in character, when a little closer investigation would have shown that it was luetic. On the other hand, a certain class of practitioners very correctly wait until the secondary syphilides appear before they inaugurate mercurial treatment. As Zeissl has well shown, there is practically no advantage in giving them directly the chancre appears. When the mercurials are given we see the peculiar action of mercury upon the blood become rapidly apparent. Pallor and other symptoms of anemia are evident from the effect of mercury upon the erythrocytes of the blood. Microscopic counts demonstrate an actual diminution in the number of red blood corpuscles, as was so admirably shown some few years ago by Piu Colombini and others. It is during this stage that patients become weakened and incapable of either mental or physical exertion. They rapidly become "tired." They complain of a continual lassitude and a feeling of aversion to any work or amusement. This state of affairs continues for quite some time, so long that patients are continually complaining of it, and very justly demand relief.

The physician who recognizes the cause of this anemia as due to the combined action of syphilis and of mercury, is certainly doing his patient an injustice in withdrawing the latter and in no way ameliorates the anemic condition. He must adopt different and better methods to accomplish his purpose. He must improve the general state of his patient by giving him strength, by causing his anemia to disappear, and by placing him in such a general condition as to be able to successfully cope with the

toxic influences of the disease, and as one of the results of such, the marked anemia which manifests itself in the serious manner in which it does. It is this part of the treatment which is but too often neglected by the physician until he realizes the good effects which it is capable of producing.

Possibly the best to use in such conditions is some preparation of iron. This will act as a tonic, as all martial drugs do, and, in addition, it will supply the hematin to the erythrocytes which has been destroyed by the syphilitic process. And yet care should be exercised in the choice of a ferruginous preparation for this purpose. Many stomachs have been spoiled by the use of certain iron preparations, and this deleterious effect seems to be heightened by the ingestion of mercury. It is, therefore, a small point of no little importance to keep this in mind. Among iron preparations that one is best which is easily assimilable and non-irritating. A number do not irritate, but are assimilated with but great difficulty. Others, on the other hand, are most easily assimilated, but irritate to a great degree. A very few fill both requirements. The one which does this, in an eminent degree, as I have found from experience, is the pepto-mangan (Gude), which is a peptonate of iron and manganese.

The recital of a few cases may perhaps prove more instructive than a mere discursive essay upon the subject. The following few are given merely in the way of illustrations:

CASE I. X., a young man of 22, presented himself on account of a "sore" on his penis. He also complained of extreme weakness and progressive loss in weight. Upon examination I found all the classic evidences of a chancre with accompanying adenopathy. The most striking feature was his extreme pallor, which was heightened by the fact that he had black hair and a black moustache. Not wishing to institute specific treatment until an eruption had made its appearance, I ordered pepto-mangan (Gude), to be taken in teaspoonful doses every four hours. It was in a week's time that he was seen again and improvement could be noted. He felt stronger, his pallor was not quite so marked, and he was in a better condition to withstand the further effects of the disease. In four days a macular syphilide appeared, and he was placed upon biniodide of mercury in quarter-grain doses. The pepto-mangan was continued and kept up for some two months. The subsequent course of the disease was uneventful.

CASE II. Y., a business man of 45, became infected, and paid no attention to the matter until he presented a papular syphilide. He then complained of an intense headache, osteo-copic pains at night, and a general bad feeling. He was rapidly losing flesh, and was rather emaciated. He had ruddy hair and freckles, whose color was heightened by his anemia. He complained very much, and was accordingly ordered a teaspoonful of pepto-mangan before each meal and at bedtime, and an eighth grain of bichloride of mercury after each meal. The specific treatment was changed after two weeks, but the pepto-mangan kept up for two months, at the end of which time he looked well, and announced that he had gained ten pounds in weight.

CASE III. Mrs. Z., a married woman of 28, had been infected by her husband some eight months before she presented herself for treatment. She exhibited a marked pustulo-crustaceous syphilide, which disappeared under mixed treatment. She left the city and remained absent for a year. When she returned she was weak and anemic. In addition to this, she told me that she only menstruated about once in three months, and then very scantily. She was ordered some iodide of potassium and pepto-mangan, in teaspoonful doses, four times a day. In four months her menstruation was normal both in quantity and regularity, and her syphilis was again under subjection.

I could go on multiplying cases of this character, but it would merely be a repetition almost, as they present about identical general symptoms, and yield to the same treatment. One thing which I have noted is that in the anemic condition not infrequently observed in so-called tertiary syphilis pepto-mangan (Gude) exercises a most satisfactory and beneficial effect. This enables the patient to undergo a more thorough treatment, and his trouble seems to yield better to specific medication. There is no doubt in my mind that as the good effects of this preparation, as an adjuvant in the treatment of syphilis, become better known the more general will be its use.

The Charleston Meeting of the Tri-State Association.
—The second annual meeting of the Tri-State Medical Association of the Carolinas and Virginia will be held in Charleston, S. C., February 20, 1900.

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EDITORIAL.

THE ANTIVIVISECTION FAD.

This seems to be essentially the age of fads and of faddists. To an intelligent person each one appears to be more ridiculous than its predecessor. A fad of comparatively recent date, which numbers thousands among its followers, is Christian Science. It has proven very profitable to its inventor, who has cleared many thousands of dollars through the sales of books and paid lectures. This science (?) has among its followers (and they are in a majority) corn-fed female philosophers and long-haired male nincompoops. It has succeeded in murdering so many innocents that it is but a question of a short time before the law will assert itself for the protection of the misguided and ignorant. A more modern fad is osteopathy. Like Artemus Ward's kangaroo, it is a "amoosin' little critter." It is so amusing that it is even hilarious. We cannot understand how the profession ever took the matter seriously. The reduction of imaginary dislocations has acted well on imaginary patients and the massage has done no harm. The disciples of this cult employ no medicines, and it is

in this feature alone that it is good. The whole thing is an error, and if left to grope in its own darkness it will soon be lost in that complete caliginosity which swallows all things dependent upon obscurity. As in other cases which have occurred, before the regular medical profession have given these people that prominence which they sought and thus make them known, where otherwise they would have sunk back into deserved oblivion.

That to which we more particularly desire to call attention is a peculiar sentimental obliquity, characterized more by hysteria than by good sense. Whilst we characterize it as a fad, others have been less charitable and call it a craze. What we refer to is the antivivisection spasm. A number of hysteric women and milksop males combine themselves into a high court, and emit spasms in the form of resolutions on a subject concerning which they know absolutely nothing. They spend hours mouthing and denouncing something purely imaginary. They construct their little straw men and then gleefully proceed to knock the stuffing out of them. The whole movement has been conceived in iniquity and brought forth in darkness; but the petticoat contingent has been strong in spreading the tirades and misrepresentations upon which the flimsy superstructure of antivivisection wobbles. It has been said that nothing could thrive on error; yet, here is a shining example. It not only thrives but fattens. It is true that it gains no strength; nor can it, for such cannot be given to a gelatinous spine. Antvivisection is an appanage of "refined" persons not of the intelligent classes. Pity 'tis that it seems impossible to make truth a necessary part of the self-deception practiced by the intellectually weak upholders of this end-of-the-century delusion.

The greatest strength exercised by these psychologic degenerates has been made manifest in England, where freedom is supreme according to the boastful pretensions of our trans-Atlantic cousins. By parliamentary enactment vivisection experiments are not permitted to be made in the British isles. The result is that Englishmen cross the channel and do their work in Paris. Such men as Ferrier and others who have made some of the grandest discoveries in medicine, are compelled to depend upon the generosity of a hereditary foe to be enabled to do good to humanity. But that is the argument of the antivivisectionists—better a thousand human beings suffer and die than that one poodle be made

useful in the cause of true humanity. For be it remembered that vivisectionists are brutal butchers who delight in torturing meek, brown-eyed dogs, etc., and only desire to tear innocent brutes limb from limb and dance about in fiendish glee at sight of the tortures they so delight to inflict. It is actually nauseating to read the twaddle published in their official organs. They make themselves supremely ridiculous in their hyperesthetically distorted images of a pervert imagination and simply disgust those who know what vivisection is in reality. They deliberately distort facts, avoid the truth, and display an amount of childish ignorance which would be amusing were it not for the fact that the consequences might become actually injurious to all progress.

The dawn of a new century is upon us and we are encouraged to hope that its light will throw such strong effulgence as to drive away and disperse the fogs which have been called up by the benighted intellects of fad-ridden imbeciles.

The Western Surgical and Gynecological Association, including the States of Illinois, Wisconsin, Minnesota, Missouri, Indiana, Iowa and Kansas, held a convention at Des Moines, Iowa, during the latter part of December, 1899. The last session concluded by the election of the following officers to serve during 1900, when the meeting will be held at Minneapolis, Minn. The following is a list of the officers elected: C. Beverly Campbell of St. Joseph, Mo., president; A. C. Bernays of St. Louis, first vice-president; J. R. Hollowbush of Rock Island, Ill., second vice-president; George H. Simmons of Chicago, secretary-treasurer. The meeting was a large and well-attended one, and that to be held at Minneapolis promises to be even better.

A Leaf From a Sharp Lexicon—A jolly correspondent notes and forwards the following definitions:

Christian science: Suggestion plus absurdity.

Divine healing: Suggestion plus faith in God's mercy.

Osteopathy: Suggestion plus massage.

Hydrotherapy: Suggestion plus water.

Metaphysical healing: Suggestion plus fog.

Hypnotism: Suggestion plus sleep.

Spiritualism is somnambulism, and theosophy is an intellectual pleasantry.—*Cleveland Med. Gazette.*

MEDICAL PROGRESS.

MEDICINE.

Treatment of La Grippe.—Dr. H. D. Fulton, of Pittsburg, Pa., (*N. Y. Medical Journal*, December 30, 1899) details his experience with heroin, which he has employed in a large number of cases, comprising simple bronchitis, bronchitis associated with measles, the bronchitis of la grippe, chronic catarrh, acute pneumonia, and phthisis. Some of the remedy was obtained in December, 1898, while the epidemic of la grippe was at its worst, and the effects of the agent as a cough-relieving remedy in this disease were prompt and definite; the degree of comfort afforded the patient was in marked contrast to that usually derived from the ordinary remedies. In those cases in which the patient is harassed by almost incessant cough, or by severe paroxysms occurring in the night, so greatly interfering with the rest and comfort of the subject and leading to an exhausted condition on the following day, its good effects were especially noticeable. In la grippe the range of its usefulness is limited apparently to the allaying of cough, and it does not otherwise influence the course or duration of the disease. The remedy was exhibited in this affection, in simple and in complicated cases, with the one uniform result of securing relief from the distressing symptom of cough by lessening the troublesome bronchial irritation which usually exists. The administration of heroin in phthisis at any stage was followed by the most satisfactory results in the way of securing freedom from cough and thereby promoting rest at night.

The Role of Insects, Arachnids, and Myriapods in the Spread of Disease, Due to Parasites.—Dr. George H. F. Nuttall (*Journal of Tropical Medicine*, August), in a paper read before the British Medical Association, subdivided his subject as follows:

a. *The Rôle of Insects, etc., in the Spread of Bacterial Diseases.*—1. Passive rôle. The domestic fly and allied species are chiefly to blame in this respect. Incapable of "biting," they may from the nature of the food they seek carry pathogenic bacteria in their bodies or within their alimentary canal and deposit them on lesions of skin or mucous membrane, or on food.

It is possible, nay, probable, and in many cases scientifically proved, that anthrax, plague, cholera, typhoid fever, frambœsia, and Egyptian and "Florida" ophthalmia are so diffused.

2. Active rôle. Blood-sucking flies may play a part in propagating bacterial disease. Clinical writers report that cases of anthrax, septicemia, pyemia, and erysipelas arise in certain instances from bites of flies; but experimental evidence is all against this statement. Experiments made by the writer on animals with plague, anthrax, mouse septicemia, and chicken cholera all gave negative results.

b. *The Rôle of Insects, etc., in the Spread of Diseases Due to Animal Parasites.*—Insects, etc., while serving as *intermediary* hosts, may play: 1st, a passive rôle, when they are devoured by a host of the parasites they contain; 2d, an active rôle, when, as in the case of the tick in Texas fever, and various mosquitoes in malarious affections of man and animals, they inoculate into a host by means of their proboscis; 3d, in filarial diseases an intermediate position is played by the mosquito, as it infects itself by sucking the blood of the definitive host.

Insects, etc., *without serving as intermediary* hosts, may play: 1st, a passive rôle, when they transport eggs of animal parasites and deposit them in food—*e. g.*, eggs of *Tenia solium*, *Trichocephalus*, *Ascaris lumbricoides*; 2d, an active rôle, by carrying the diseased animal from one animal to another and inoculating the parasite—*e. g.*, Tsetse fly.—*N. Y. Med. Jour.*

The Etiology and Prognosis of Pneumonia.—Dr Herbert M. King of Grand Rapids, Mich., believes that we should classify pneumonia according to the different causative factors, as pneumococcic, tubercular, streptococcic and influenza. When this can be accurately done we shall be better qualified to make a rational prognosis as to the probable outcome of the disease. His conclusions are:

First, that pneumococcic pneumonia runs a definite course, tends to recovery by crisis, is not associated with complications, and does not permanently impair the integrity of the lung. Its rate of mortality is higher than that of the other forms.

Second, tubercular pneumonia runs an acute course, is more irregular in its development, may terminate by crisis or lysis, is not attended by suppuration, and is frequently complicated with pleurisy, dry or serous. The mortality is low. The disease seems to have little effect on the general tubercular process.

Third, streptococcic pneumonia runs an irregular, prolonged and atypical course, and is frequently associated with empyema, abscess or gangrene of the lung. Septic complications with other organs are to be looked for. It often impairs the vitality of the lung and pleura.

Fourth, influenza pneumonia runs a shorter course and does not tend to terminate by crisis. The temperature record is lower, but the nervous disturbance and bodily prostration much more profound. The pleura is seldom involved, but the integrity of the lung is weakened and there is danger from secondary infection with the tubercle bacilli or streptococci.—*Med. Student.*

Treatment of Pneumonia.—In cases of uncomplicated pneumonia recovery may occur without any treatment whatever, yet it is necessary to place the patient under the most favorable hygienic surroundings. Concerning diet, a quart of milk or broth taken every twenty-four hours is amply sufficient, but he may be allowed a small quantity of fruit, and liberal amounts of water as thirst demands.

Elimination should be promoted as rapidly as possible by means of cathartics, diuretics and diaphoretics.

A thick cotton jacket should be applied to the whole trunk, maintaining it firmly in place and covering it with oiled silk. This should remain on during the entire course of the disease save when an occasional examination of the chest is imperative.

The vascular excitement and congestion of the first stage may be allayed by the following:

R	Tinct. aconita.	℥ viij.
	Spiritus etheris nitrosi	℥ v.
	Tinct. opii camph.	℥ iij.
	Liq. ammon. acetatis	q s. ad. ℥ iv.

M.

Sig. Dessertspoonful in water every hour.

The pleuritic pain attending pneumonia is so distressing at times that it may be necessary to resort to opiates, preferably morphin and atropin or coniin hydrobromate $\frac{1}{2}$ to $\frac{1}{2}$ grain hypodermically. Should insomnia, delirium and marked nervous symptoms manifest themselves, trional, paraldehyde, or hyoscin may be given.

Should the temperature be persistently high—104° or 105°—hydropathy is indicated. It matters little how the cold water be

applied, only let it be applied—either by sponging, cold applications, rubbing with ice, or ice coil.

Medicinal antipyretics, as such, are to be disparaged, though, of course, they may be used as a specific in complicated conditions—as, for example, quinin in complicated malaria, or salicylates in rheumatism, but even here with caution.

One of the chief indications, however, in the treatment of pneumonia is to support the heart, which, if inclined to be feeble, with low arterial tension, is best done by digitalis given in full doses. Strychnin, however, is more uniformly valuable, and to obtain the best results it should be given with a free hand, especially in very severe cases, preferably by hypodermic injection.

No specific dose can be prescribed, but the administration should be pushed to the extreme limit of safety. The dose of strychnin, however, must be regulated by the action of the heart. Doses varying from $\frac{1}{32}$ grain, three or four times a day, to $\frac{1}{16}$ grain every two hours have been given. We believe that alcohol is an unsafe drug in this disease, save in great emergencies that call for the use of a powerful diffusible stimulant, to compel the heart to increased action in order to tide the patient over a critical period. For this purpose the following is useful:

R Spiritus frumenti	℥iv.-℥j.
Spiritus ammon. aromat	℥j.
Spiritus camphoræ.....	℥ xv.
Spiritus etheris comp.....	℥ xv.

M.

Sig. Give at one dose in water, and repeat in thirty minutes if necessary.

In desperate cases, when the patient is cyanotic and struggling for breath, the inhalation of oxygen is invaluable.

For cough, drugs are indicated which serve to lessen the viscosity of the expectoration—such as the ammonium preparations, preferably the carbonate—and as a sedative expectorant, cannabis indica may be employed in preference to opium.

Prescriptions like the following, or modifications of them, may be used advantageously:

R Ammonii carbonatis	℥j.
Ext. cannabis indicæ fluidi.....	℥xliv.
Syrupi senegæ.....	℥iv.
Syrupi glycyrrhizæ	q. s. ad. ℥ij.

M.

Sig. Teaspoonful every two or three hours.

℞ Ammonii chloridi	℥j.
Spiritus etheris nitrosi.....	℥ij.
Syrupi ipecacuanhæ.....	℥iv.
Liq. ammon. acetatis	℥ij.
Syrupi pruni virg.....	℥iv.
M.	

Sig. Dessertspoonful in water every two hours.

The following prescriptions have been recommended in different stages of the disease.

C. J. MacGuire recommends:

℞ Liq. ammon. acetatis.....	℥ij.
Tinct. opii camph.....	℥vj.
Spir. etheris nitrosi	℥iv.
Aqua laurocerasi.....	℥ss.
Syr. tolutani	℥ss.
Aquæ camphoræ	q.s., ad. ℥iv.

M.

Sig. Dessertspoonful every two hours in water.

In the clearing up stages:

℞ Eucalyptol	℥xlv.
Ammonii iodid	℥iiss.
Vini picis liq.,	
Syrupi tolutani.....	āā ℥j.

M.

Sig. One teaspoonful in water every three to four hours.

Caution.—Avoid ammonium iodid if phthisis be developing.—

TUFFS.

℞ Caffaina iodosalicylatis.....	℥ss.
Ammonii carbonatis.....	℥iiss.
Elix. simplicis	q.s. ad. ℥iij.

M.

Sig. Teaspoonful every three hours.

—LORENZE.

To establish free secretion of all organs of the system:

℞ Tinct. aconiti.,	
Tinct. bryoniæ	āā gtt. x.
Tinct. digitalis	℥j.
Potassii nitratis.....	℥ss.
Ext. ipecac fluidi.....	gtt. x.
Syrup pruni virginianæ.....	q.s. ad. ℥iv.

M

Sig. For adults, teaspoonful diluted every hour until patient is better; then only as seems to be required, say every three hours while fever lasts.

—VANDOREN.

For hypodermic injection:

℞ Sodii benzoatis.....	gr. xxiv.
Caffeini (Merck).....	gr. xxxvi.
Aquæ destil.....	℥iss.

Dose fifteen minims.

Dissolve with heat, and warm the bottle before injecting.—

ADOLPH ZEH.

As a heart tonic, especially in asthenic cases:

℞ Strychninæ.....	gr. ½
Pulv. camphora.....	℥j.
Sacchari lactis.....	gr. xx.

M. et ft., capsule No. vii.

Sig. One every four or six hours.

The camphor increases the action of the right heart and lessens the tendency to delirium.—E. G. TUFTS.—*Jour. A. M. A.*

THERAPEUTICS.

Ouabain.—Gianturco (*Rivista medica della regia marina*, August; *British Medical Journal*, October 14) having had the opportunity of examining a considerable quantity of the roots of *Acocanthera ouabaio* (the plant from which the Somalis prepare their arrow poison), has made a series of chemical researches on the properties of the alkaloid ouabain. The alkaloid, obtained by precipitation with lead acetate from a watery solution, crystallizes in cubes flattened at the base and of a mother-of-pearl appearance. It is only slightly soluble in cold water, easily soluble in alcohol (at 85°) and in boiling water, insoluble in chloroform, ether or absolute alcohol. Its elementary composition is represented by the formula $C_{30}H_{46}O_{12}$, with 7 H_2O water of crystallization, which somewhat resembles that of strophanthin. It is one of the glucosides, and when acted upon by dilute acids splits up into rhamnose ($C_6H_{12}O_5$) and a resin not yet studied.—*N. Y. Med. Jour.*

Liniment for Use in Rheumatism.

℞ Tinct. Camphoræ,	
Tinct. opii,	
Spts. ammoniæ.....	āā ℥ss.
Ol. oliivæ.....	℥j.
M. Ft. emulsio.	
Sig. External use.	

—DUNGLISON, *Medical News.*

For Irritating Cough of Phthisis.—When not accompanied by much expectoration the following mixture is recommended:

R	Codeinæ	gr. iv.
	Acidi hydrochlorici dil.	℥ss.
	Spiritus chloroformi	℥iiss.
	Syrupi limonis	℥j.
	Aquæ destil	q. s. ad. ℥iv.

M. Ft. emulsio.

Sig. One teaspoonful at short intervals when cough is troublesome.

—MURRELL, quoted in *Medical Standard*.

For Sweating Feet.—

R	Formaldehyde	gr. x.
	Thymol	gr. x.
	Zinc oxide	℥viiiss.
	Powdered starch	℥xliiss.

M.

Sig. Apply as a dusting powder.

—*Medical Standard*.

For Painful Bruises.—

R	Tinct. aconiti,	
	Tinct. opii,	
	Chloroformi	āā ℥ss.

M.

Sig. External use. Shake well.

—WHELPLEY, *Medical News*.

For Sensitive and Irritated Nipples.—

R	Icthyol	℥ij.
	Lanolini,	
	Glycerini	āā ℥iiss.
	Ol. Olivæ	℥v.

M. Ft. unguentum.

Sig. External use.

—OEHREN, *Medical News*.

Chloretone.—Houghton and Aldrich, who are doing good pharmacological work at Detroit, communicate a statement concerning the new and valuable drug, chloretone. They tell us that during the past few months chloretone has been quite extensively employed clinically, and that the results of its use, particularly as a hypnotic and local anesthetic, are very encouraging. As high as sixty grains have been administered without producing any untoward symptoms; though from six to twelve grains,

given in tablets as a single dose, followed by a hot drink as a diluent, are usually found sufficient to produce the desired results. The use of chloretone as a general anesthetic is not yet definitely pronounced upon; but its value in other respects is shown by its application to assuage pain and as a dressing for wounds. As a remedy for insomnia, which is the capacity in which it is principally used, it is said to have advantages over both the coal-tar products and the opium group of hypnotics.

Therapeutic Hints.—We find the following in the *Medical World*:

Slight Bronchitis Attended with Nausea in Influenza.—

℞ Morph. sulph gr. ss.
 Acidi hydrocyanici dil..... ℥viiij.
 Spt. Chloroformi ʒiss.
 Aquæ menth. vir..... ad. ʒiss.

M.

Sig. Teaspoonful every three or four hours.

—*Jour. A. M. A.*

Blepharitis Ciliaris.—

℞ Antimonii sulphat..... 1 gm.
 Saxolene 4 gm.
 Petrolati 2 gm.

M.

Sig. For external use.

—*CARRA.*

Neuralgia.—

℞ Ext. hyoscyami 0.12 cgm.
 Ext. valeriani 0.20 cgm.
 Morph. hydrochlor..... 0.01 cgm.
 Pulv. glycyrrh q. s.

For one pill.

Sig. One morning and night—not more than three in twenty-four hours.

—*BASTIE.*

Pertussis.—In infants below the age of one year apply to the pharynx:

℞ Ac. phenic. crystal 1.50 gm.
 Glycerini puri 10 gm.
 Syr. tolutanl 3 gm.

For older children:

℞ Ac. phenic. crystal..... 1 gm.
 Glycerini 15 gm.
 Sol. cocain. hydrochlor. (2 per cent.)..... 5 gm.

—*GUIDA.*

Treatment of Night Sweats of Phthisis by Formaldehyd.—The good results of treatment by this drug seen in cases of hyperidrosis and bromidrosis caused Hirschfeld of Berlin to try its action for phthisical sweats. He now recommends it highly. Because of its power of penetrating the skin, he uses an alcoholic solution as follows:

R Formaldehyd, 40 per cent.,
Spiritus abs āā ʒij.

M.

Sig. External use. Apply on swab.

Only one part of the body is treated at one sitting; the shoulders and arms, for instance, on the first day, the lower extremities on the day following, and the trunk on the third. From 1 to 2½ drachms of the solution is used each time. By following this method toxic absorption and excessive irritation of the ocular and respiratory mucous membrane are alike avoided. If, nevertheless, a fit of coughing should be provoked, the application should be made very rapidly and the part covered at once. Cotton wet with spirits of turpentine can be held in front of the nose and mouth of a sensitive patient. The treatment is not painful, only a momentary burning sensation being produced. Newly-formed epidermis, excoriations and mucous surfaces should, of course, be avoided. The effect of the application lasts from five days to a month—as a rule, from one to two weeks. The sweats cease meanwhile, and as no injury is caused by the treatment it can be resumed whenever necessary.—*Med. News.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Fatal Gangrene Following Application of Undiluted Sulpho-Naphthol.—Male child, age 22 months, admitted October 15, 1899; service of Dr. H. W. Kimball. The child had been under treatment for some skin disease, probably eczema, for four months. One week before coming to the hospital sulpho-naphthol had been ordered by the attending physician, to be applied diluted to the affected parts. Through some misunderstanding the preparation was applied to the genitalia undiluted on a compress and allowed to remain several hours. The child suffered pain while this dressing was in place and before the solution was reapplied it was properly diluted. The parts became

inflamed and swollen after the first application and continued to grow worse, until, at the time he entered the hospital, the scrotum and prepuce were gangrenous and very offensive. There were also at this time several deep ulcers on the child's face, particularly about the lobes of the ears, and around the mouth. They were covered with black crusts, and resulted, according to the mother's statement, from the scratching of the child since the above-mentioned application. There were a few smaller ulcers about the lower abdomen and thighs and on the forearms. The child appeared dull and listless, lay in a semi-comatose condition, and when aroused would only whine or cry feebly. He could not be induced to take any nourishment by the mouth, and did not retain nutrient enemata. Examination of the thorax and abdomen negative, except that the lower abdomen was swollen and red from extension of the inflammation of the genitals. The temperature on entrance was 99.6° and the pulse 160. Under stimulation the pulse improved a little, but the general condition grew gradually worse till the child died, after having been in the hospital about 18 hours. There was no autopsy.—*Prov. Med. Jour.*

The Pulsatory Hand and Foot Phenomena.—Dr. W. Moser calls attention in the *Medical Record* to this peculiar phenomenon. He says: In placing the palmar (inner) surface of the two hands together, as in the attitude of prayer, and making slight pressure with each finger tip, a visible pulsation, capillary in origin, is not only felt, but seen in most individuals. If too much pressure be made with the finger tips it is not visible, since we know that by compression of a vessel we may shut off the circulation. This finger or hand pulsatory phenomenon, like the foot phenomenon, which occurs when the legs are crossed, possesses some practical or diagnostic significance, and notably is that the case in aortic regurgitation, in which sphygmographic tracings will show a much higher ascent than normal, the condition in question being a demonstration of "Quincke's capillary pulse." By studying a number of normal cases first, and then abnormal, this sign will prove of diagnostic and probably prognostic value. I look upon both these pulsatory phenomena as principally capillary in origin. But the central point is the heart, and disease of this organ, as aortic regurgitation or a rapid and forcible heart, will increase or render more visible these pul-

satory phenomena. It is a good index of the central station, and may prove of especial service to those who are not well acquainted with the auscultatory phenomenon.

Pigmentation in the Mouth; Its Relation to Addison's Disease.—At a meeting of the Dermatological Society of London, held July 12th, Dr. Colcott Fox exhibited a patient, aged forty years, with a remarkable pigmentation of the mouth, which had been developing for four years. The lips, gums and mucous membrane of the cheeks were dotted with very dark brownish-black rounded pigment macules, mostly nearly the size of a split pea. They developed without subjective sensations. The man was apparently in perfect health and had a good family and personal history. There was not the slightest suspicion of any adrenal disease or carcinoma.

Dr. Stephen Mackenzie remarked that, in spite of the good health which this patient now enjoyed, he could strongly suspect an early stage of Addison's disease. On more than one occasion he had been enabled to foretell the onset of this affection while the patient was in good health by the pigmentation of the buccal mucous membrane.—*Practitioner*.

On Osteogenesis Imperfecta.—Hildebrand (*Muenchener Medicinische Wochenschrift*) reported a case of this rare disease of the bones in the new-born, in the Biolog. Abtheilung des Aertzl. Vereins, Hamburg, which he observed in the Eppendorfer Krankenhaus. Macroscopically the case was interesting from the marked softness of the bones, and numerous fractures of the ribs and extremities. These fractures were in the most diverse stages and presented manifold transitions of perfectly fresh fractures, to such which had healed with the formation of bony callus (the child only lived a few hours). The extremities were short and plump, curved and bent in different degrees; the bony substance was so soft that it could be cut; compact bone could hardly be found. Microscopical examination showed an unusual persistence of the remnants of cartilage basic substance, a very partial and incomplete formation of bony substance and a slight deposit of lime in the primary zone of calcification; larger and smaller necrotic spots were besides distributed over the whole bone.

The few cases of osteogenesis imperfecta (most of the children affected by it died during or immediately after birth) were

ascribed to fetal rachitis. At present the following bone diseases of the new-born are recognized:

1. Genuine rachitis (rare.)
2. Chondrodystrophia fetalis.
 - (a) Malacia form.
 - (b) Hypertrophic form.
 - (c) Hypotrophic form.
3. Syphilitic diseases.
4. Osteogenesis imperfecta.

The latter is a disease *sui generis* and can be sharply distinguished from the others macroscopically and microscopically. For studying bone diseases, especially for the sharp differentiation of the cartilaginous and bony tissue, Hildebrand recommends a double staining with polychrome methylene blue, hematoxylin, and van Gieson's acid mixture.—*Pediatrics*.

The Histogenesis of Neoplasms.— During the last few years evidence has been accumulating in favor of the view that cancer is a communicable disease, not only from site to site in the same individual, but from one individual to another. Moreover, it has been shown to be possible to induce in animals by direct inoculation growths which clinically and microscopically must be classed as malignant. Now that veterinary science is waking up and is gradually being placed on a more scientific footing, we may hope that the next few years will add to our knowledge in this respect. Already one class of growth formerly included among the sarcomata, actinomycosis to wit, has been recognized to be a parasitic disease, and the occurrence of malignant growths in the lower animals, long a matter of doubt, has been satisfactorily established. These important points having been cleared up, it remains for investigators to determine the exact nature of the *materies morbi*. No particular organism has as yet been identified in causal relationship to cancer, and all experiments made in this direction hitherto have been carried out with cells taken from an infected area; in fact, this transplantation of cells must for the present be regarded as indispensable to infection. Hypothetically, it is assumed that the exact form of the primary growth, *i. e.*, the original infection, is determined by the character of the tissues at the point where the infection gains an entry, and that the secondary infections, being caused by the transmission of the actually diseased cells, preserve the

original type, though their histological structure may, in a slight degree, be modified by conditions of environment. Should this secondary infection by chance take place apart from the transmission of the actual cells, there is no theoretical necessity for the secondary growths to follow the original type. It is urged that for purposes of investigation, a distinction should be made between connective tissue and epithelial growths, but it is difficult to base a distinction on purely histological variations in view of the clinical resemblances which characterize the typical growths of both forms of tumor. We are quite prepared to learn later that some of the growths at present classed as cancer are due to bacteria; in other words, that in some cases the hyperplastic process merely represents the reaction of the tissues to irritation set up by living bacteria. The tendency to unlimited multiplication of infected cells, and their ability to maintain their histological characteristics, even in other situations, constitute a very special pathologic feature, for which there is no parallel in other morbid processes. It is this peculiarity which has, so far, baffled all attempts at elucidation.—*Medical Press and Circular*.

DISEASES OF WOMEN AND CHILDREN.

Pernicious Vomiting of Pregnancy.—Dr. Frank B. Tibbals read a paper before the Detroit Academy of Medicine. He said in substance: The term pernicious vomiting is applied only to those grave cases where persistent vomiting and retching threaten life because of the malnutrition and anemia they induce. In the pernicious cases all drugs, except in so far as they go toward sustaining life, are useless. Hence treatment must be based on the conclusions drawn from a careful physical examination of the patient, especially from a thorough exploration of the pelvic organs. Among the more common abnormalities that are found and for which treatment must be instituted are: stenosis of the external or internal os; cysts of the cervix; malpositions of the uterus. Some patients are helped by local applications to the cervical canal; others are relieved by replacing and supporting a displaced uterus. If such treatment fails and the patient's condition is precarious, the cervix should be dilated fully, under anesthesia, and a mixture of Churchill's iodine and carbolic acid applied to the cervical canal. Precariousness is indicated by the condition of the heart, as shown by the pulse rapidly increasing

in rate and failing in strength. Three cases were reported to show the lines of treatment. In one, rapid emptying of the uterus was indicated; in another, that of a single woman, any interference seemed contraindicated; while in the third, even with drugs and rectal feeding, strength failed until thorough dilatation of the cervix was tried with the best results.—*Jour. Am. Med. Ass.*

Sarcoma of Cerebellum in a Child of Four.—At the late meeting of the American Pediatric Association, Dr. S. S. Adams of Washington read a paper entitled "Sarcoma of the Cerebellum in a Child Aged Four Years" (*Boston Med. and Surg. Jour.*). The patient was taken sick in June, 1897, the prominent symptoms being high fever and vomiting. In a week's time she had apparently recovered under treatment, but a month later began to complain of intense pain in the head and right arm. Then a weakness of the legs became manifest, the child frequently staggering and at times falling. She slept well at night and seemed to suffer principally in the mornings and afternoons. She developed a second attack of fever and vomiting, after which she lost control of her bowels and bladder. Dr. Adams made the diagnosis of cerebellar tumor, which was proved by autopsy to be correct. The brain weighed thirty-nine ounces, and every suture in the cranium was widely separated.

Scarlatina.—At a recent meeting of the Boston Society for Medical Improvement, Dr. J. H. McCollom read a paper on scarlatina. From the examination of the health reports both in this country and in Europe and from the study of 1000 cases, the following conclusions may be drawn:

1. That scarlatina is more prevalent in Boston than in some of the larger foreign and American cities.
2. That scarlatina has diminished in frequency in Boston during the past three years owing to the establishment of an isolation hospital sufficiently large to accommodate all applicants.
3. That the death-rate of scarlatina in the hospital, considering the class of cases that are treated, is remarkably low.
4. That the period of isolation in scarlatina, in order to be effectual, should be continued for a long time, at least fifty days.
5. That rest in bed and a non-irritating diet during the first few weeks of the illness are very important factors in reducing the frequency of renal complications in scarlatina.—*Boston Med. and Surg. Jour.*

SURGERY.

A Case of Edgewise Dislocation of the Patella.—Mr. J. G. Macaskie reports the following in the *London Lancet*:

On October 31st I was called to see a young man who was suffering from the above dislocation, which I believe is rarely met with. The characteristic shape of the patella prevented any difficulty in diagnosis—its outer edge rested upon the femur and the bone was very firmly fixed in its new position. I had the patient seated in front of me and raised the affected limb, laying the foot upon my shoulder, and flexing the femur as much as possible at the hip; a little manipulation with the palms of my hands quickly reduced the bone with a snap.

Surgical Hints.—In children a symmetrical pain about the shoulders should lead to a careful examination of the neck, for it is a frequent sign of beginning caries of the cervical vertebræ.

Always empty the bladder before tapping the abdomen. Neglect of this precaution, especially in old men who may have retention due to prostatic trouble, may lead to puncture of the bladder.

Pin worms about the rectum, in women, are a frequent source of pain which may resemble a good deal the pain of coccygodynia. In other instances they lead the patient to believe that some uterine disturbance exists.

It is a good point to remember that in practically all dislocations of the shoulder, the elbow cannot be made to touch the chest on the affected side, whereas in a fracture of the neck of the humerus the patient can always accomplish this manœuvre.

In wounds necessitating the ligation of the brachial artery it is well to remember that, while the inner edge of the biceps is the guide to this vessel, the edge of the muscle slightly overlies the artery, and must be lifted up a little to expose the vessel.

If you feel uncertain about a violent colicky pain, which simulates peritonitis, remember that in the latter disease it is quite impossible to move the abdominal walls over the intestinal mass, for the whole cavity is in a condition similar to that which exists in a badly inflamed joint.

In cases of esophageal stricture always examine carefully for aneurismal trouble of the aorta, as rough passing of instruments in such cases has led to rupture and sudden death. If the trouble should be due to malignant disease, an instrument might be forced

through the esophageal walls. If, therefore, it does not pass quite readily, it is best to desist and perform a gastrostomy if necessary, in order to feed the patient.

In children enlarged lymphatic glands about the neck are frequently due to enlarged tonsils or to the presence of adenoids. The throat must, therefore, always be carefully examined in these cases, for removal of the tonsils or adenoids will cause the glands to subside. In adults enlarged glands are very suggestive of the presence of malignant trouble, and necessitate careful examination of the whole mouth and throat.—*Inter. Jour. of Surgery.*

DERMATOLOGY AND SYPHILOLOGY.

Lupus.—The following is one of Unna's formulæ for the treatment of lupus:

R	Salicylic acid.....	3iiss.
	Creosote.....	3v.
	Simple cerate.....	3iiss.
	White wax.....	3lxxv.

M.

Sig. Use externally.

—*Practitioner.*

Anomalous Eruptions in Typhoid Fever.—J. M. Da Costa (*American Journal of the Medical Sciences*) reports several cases of typhoid fever presenting, during the course of the disease, eruptions similar to those of scarlet fever and measles. The scarlatina-like eruption is a uniform red rash, usually seen all over the body. It is easily influenced by pressure; it has its periods of greater or less intensity; it lasts generally a week or more; there is no desquamation; there is usually no sore throat or albuminuria; its presence does not influence the temperature.

The eruption simulating measles is rarer and more misleading since the intercurrent of measles and typhoid fever is not uncommon. In typhoid fever the crescentic arrangement is absent, as well as the itching, desquamation, coryza and catarrhal symptoms found in cases of true measles. When there is an intercurrent of the two diseases, the onset of the measles is marked by the characteristic rise of temperature and other symptoms peculiar to the disease are present.

Dr. Da Costa also describes a general mottling of the skin which may precede or attend either of the above described erup-

tions. He believes them to be all expressions of the same pathological condition and due to *vasomotor* disturbance from disorder of the cutaneous nerves. They seem to have no effect upon the prognosis of the disease.

The Growth of the Nails.—It has been stated that, as a general rule, the growth of the nails progresses at the rate of about one twenty-fifth of an inch per week, so that nails of the average length, say about half an inch, would take about a hundred days to grow, though other authorities put the time at from 121 to 138 days. As a matter of fact, the rate of growth varies, not only according to the age of the subject, but also in different subjects of the same age. Moreover, under the influence of a variety of circumstances, the growth of the nails may vary even in the same individual. A statistical crank who has taken the trouble to investigate the matter very closely, notes that in a man of 21 the nail had grown afresh in 126 days, while in one of 31 it took 159 days. In another individual only one year older than the latter, the growth, however, took 88 days, in a man of 55 it was 110 days before the nail was reconstituted, and in a man of 67 no less a period than 144 days was required. The observer made this curious observation that the instance of most rapid growth occurred in a tuberculous patient suffering at the time from attacks of hemoptysis. We are told that the sea air stimulates the growth of the nails, while, on the other hand, grave emotions delay growth, and may even lead to shedding of the nails. A point that may possess a certain diagnostic value is his observation that while in diseases of the central nervous system the growth of the nails is usually interfered with, nothing of the kind is observable in functional paralyses. Lastly, the occurrence of cerebral hemorrhage is stated to put an end to the growth of the nails; but as to this we have our doubts.—*Medical Press.*

The Treatment of Lupus Erythematosus.—Hebra (*Archiv f. Dermatologie und Syphilis*), at the Dermatological Society of Vienna, presented two patients with erythematous lupus, who had been treated with alcohol, and in both there had been a distinct retrogression of the disease. Where the disease was slight, as upon the ear and cheek, it had completely disappeared; at the inner canthus, which was less accessible to treatment, the retrogression was less marked.

Ehlers (*Dermatologische Zeitschrift*, Bd. vi., Heft 2) presented two patients before the Danish Dermatological Society who had been treated with mercury in the form of Robyn's pills, with favorable results. The composition of these pills is as follows:

℞ Hydrarg. chlorid. corrosiv.....	1 grm.
Sodii chlorid	1 "
Vini thebaici.....	1 "
Micæ panis	5 grms.
Glutenis	2.5 "
Glycerini	2.3 "
M. Ft. pil. 100.-	

One to two pills given daily at meal time, and notwithstanding the large dose of corrosive sublimate which they contain they are well borne. The effect upon the lupus is a remarkable one—redness, itching and swelling of the eruption occurring very much as after an injection of tuberculin. After a couple of days the redness disappears with abundant desquamation, and the disease begins to retrograde.—*Amer. Jour. Med. Sc.*

To Remove Freckles.—

℞ Hydrargyri chloridi corros	gr. viij.
Zinci sulphat.	
Plumbi sulphat	āā gr. xv.
Aq. dest	℥viij.

M.

Sig. External use.

Rub the skin with this lotion for half a minute night and morning, allowing it to dry in the air. If this prove too irritating, use the lotion only at night, and in the morning apply the following ointment:

℞ Zinci oxidi	gr. lxxv.
Vasellini.....	℥j.

M.

Ft. unguentum.

Sig. External use.—*Med. News.*

Treatment of Syphilis.—At the Société de Therapeutique M. Maurange said that he had been in the habit of treating syphilis by intra-muscular injections of artificial serum containing two grammes and a half of corrosive sublimate per litre. He injected four grammes of the solution every two days and found it to act very well; he never met with a case of stomatitis or diarrhea as a result of the treatment. M. Chéron made some remarks on the

same treatment, which he had adopted for the last three years. The quantity that he injected was much larger (twenty grammes), but he renewed it only once a week. His patients accepted readily these injections, and he never met with any serious accident from their employment.—*Ex.*

ORTHOPEDIC SURGERY.

Operation for Relief of Deformity of Forearm and Hand Following Infantile Hemiplegia.—A. H. Tubby (*Brit. Med. Jour.*) presents a description of an operation for the relief of the flexion and pronation of the forearm and hand, which so often remains after infantile hemiplegia. To overcome the excessive pronation the writer detaches the insertion of the pronator radii teres from the radius, passes the detached tendon through an opening in the interosseous membrane, and reinserts it after thus widening around the radius, in its old position.

This changes the pronator into a supinator. The flexor carpi radialis, which acts also as a pronator, is divided at the wrist, as are also the other flexors originating from the internal condyle of the humerus. The hand is put up in a semiflexed position, and the forearm supinated for eight days, when the hand is gradually extended daily until straight.

Pronation is not entirely prevented, as the pronator quadratus is left intact. The writer reports satisfactory improvement in two cases.—*Canad. Pract. and Rev.*

Relapsing Arthropathies—Lannois presents a man forty years of age, who was brought into his office in the month of March in a state of profound cachexia. He was pallid and thin, complained of pains everywhere, and was unable to make any movement whatever. Most of his articulations were, and still are, the seat of deforming arthropathies. The cause of these disturbances is gonorrhea. The patient contracted this disease first at twenty years of age. Up to this time he had always been in good health. Ten years later he had a second attack, followed by arthritis in the right knee and in the articulations of the feet. At thirty-three years of age, a third attack was accompanied, almost immediately after its appearance, by metatarsal articular disturbances, disturbances in the tibio-tarsal articulations, and in the left knee. In six months a fourth attack of gonorrhea brought on athropathies in the articulations, which had been first affected.

Finally in the month of December, 1898, a fifth gonorrheal attack brought on new arthropathies on the internal surfaces of the two great toes.

Bacteriological examination of the urethral pus and of the urine has never revealed gonococci. In spite of this fact, Lannois declares that there can be no doubt of the importance of gonorrhea in the causation of relapsing arthropathies and trophic disturbances presented by this patient. Moreover, the articular lesions, their symmetrical character in the feet (which cannot be attributed to want of movement through functional weakness), and the trophic changes in the skin are in favor of some influence from the nervous system. It is probable that the toxins produced by the microbial germination in the urethra and bladder must be taken into consideration, since they might act either on the central nervous system or on the peripheral nervous system.—Translated from *Giornale Internazionale delle Scienze Mediche*, by W. HARLEY SMITH.

The Differential Diagnosis Between Chronic Joint Disease and Traumatic Neurosis.—Dr. Reginald H. Sayre of York presented this communication before the New York State Medical Association. He said that cases in which there was no joint inflammation often presented symptoms so much like arthritis as to mislead even experienced physicians. Such mistakes were largely the result of carelessness in making the examination or in eliciting the history. Many cases of injury were followed by affections of the nervous system, even when there was no legal suit involved. In cases of true joint disease one of the best guides to the extent of the destructive process in the bone was the thermometer. If the inflammation was superficial the local rise of temperature could often be appreciated by the hand. One of the first symptoms of an inflammation of a joint was involuntary spasm of the muscles controlling that joint. One of the peculiarities of this spasm was that passive motion could often be made through a certain distance without causing pain. If in a spinal case there was tenderness along the whole of the spine, it almost certainly indicated the neurotic nature of the affection. The facial expression of the neurotic patient would often prove a useful aid in diagnosis. The chief points to remember were: (1) Neurosis was apt to follow injury sooner than joint disease; (2) the temperature was usually lowered in a neurosis, and elevated in in-

flammation of a joint; (3) the local temperature was usually much lower in cases of neurosis than in joint disease; (4) atrophy progressed more rapidly after injury to a nerve; (5) true muscular spasm was not present except in joint disease, though it may be simulated.—*Medical Record*.

PROCTOLOGY.

The Function of the Rectum as a Reservoir.—Dr. J. J. Charles (*British Medical Journal*), professor of anatomy and physiology, Queen's College, Cork, says that a difference of opinion exists as to the function of the rectum. Some, as Stewart, maintain that the rectum is empty and at rest except during defecation, when the entrance of feces excites the nervous process, and causes in consciousness the desire to defecate. The rectum, however, may be found full of feces—sometimes even to the anus—in the dissecting room; and surgeons, such as Mr. Treves and Mr. Allingham, have informed him that they frequently find it in this distended state during life. Besides, the existence and arrangement of Houston's valves in the rectum and the strength of the internal sphincter indicate that the rectum—at least its suprasphincteric portion—serves as a reservoir, and not merely as a passage for the feces. Accepting this view, the accumulation of feces—sometimes, no doubt, of a more irritating nature than at others—starts the reflex action, which, as a rule, is aided by voluntary action. The fact that defecation can take place when the lower part of the spinal cord has been removed, as in Goltz's and Ewald's experiments, would lead us to believe that the nervous mechanism may to a certain extent be local. It has been affirmed that defecation, like the daily variations in the number of respirations and in the temperature of the body, may be a process which tends to take place in a cycle. The effect of habit in causing defecation to occur regularly at the same time supports this idea.—*N. Y. Med. Jour.*

Constipation and Obstipation.—Dr. Thos. Chas. Martin, in an editorial in the *Louisville Monthly Journal of Medicine and Surgery*, writes as follows:

Proctoscopy served as a means to newer ideas of the anatomy of the rectum and led naturally to a study of the rôle of the rectal valve in the mechanism of defecation, and order came out of chaos.

In spite of the contention to the contrary, the rectal valve remains a visible and palpable matter of fact, as has been corroborated by Earle, Cooke, Beache, and others. To deny it the credit of existence is to refuse to behold, and to deny it recognition as an integral factor in defecation is to have suppressed a natural curiosity, the indulgence of which will dispel a mist of speculation and stampede that omnipresent *bête noir* of the physician—obstipation. It is obviously true that the presence in the rectum of a typic anatomic valve, which spans half the circumference of the rectum and projects half across its diameter, must retard a precipitate descent of the feces. It is also obvious and demonstrable that a disease which robs the valve of its elasticity, and that a congenitally abnormal propinquity of two valves will increase the obstruction to a malicious degree. These facts being admitted, it is now incumbent upon us to rewrite the definitions of obstipation and constipation.

Obstipation may be defined as that condition of obstructed defecation which is due to the presence in the rectum of an organic obstacle to the descent of the feces through it; on the other hand, constipation may be defined as that condition of delayed defecation which is due to a prolonged residence of the intestinal contents in the higher portions of the gut, and which may be the result of a great variety of causes which affect the intestinal, gastric, and other secretions, which affect the innervation of the bowels, and which may be due to errors in diet or to a great variety of accidental or diseased conditions. Both obstipation and constipation, therefore, may be present in one individual at the same time.

Obstipation is a local disease and demands local treatment for its relief.

TERATOLOGY.

Extraordinary Development of the Genital Organs in a Male Fetus.—Mr. Richard G. Worger writes as follows in the *London Lancet*:

I was recently called to attend a primipara, aged 25 years, who had a perfectly normal labor with the exception that I had to use the short forceps. The parents are well developed, with no abnormality whatsoever. On delivery of the child's body, the penis was seen to be abnormally large and semi-erected, reach-

ing to the umbilicus; in fact, the size of the penis corresponded to that of a lad about sixteen years of age. The penis, on examination, was found to be quite four inches long; phimosis was well marked; the meatus was pinholed; and situated on the dorsal surface of the free extremity around the meatus was a pigmented warty excrescence of the color of an ordinary nevus. The scrotum was also abnormally developed, and was hanging half way down the child's thighs, with rugæ strongly marked. On the left side the testicle had descended, with a marked hernia, while on the right side the testicle had not descended, and the little finger could be pushed through the inguinal canal. There was no other abnormality, and the child was otherwise well developed. The child lived for about an hour, and after death the penis was felt to be quite cartilaginous, and it measured three inches in length. I regret that I was unable to perform a necropsy or to obtain a photograph.

Two Cases of Absence of One Kidney Associated With Presence of a Double Uterus.—Dr. Leon T. Le Wald presented these cases before the New York Pathological Society (*Medical Record*). He said that while he had met with these two cases within a few days of each other, a search of the literature had confirmed his former opinion that they must be extremely rare. The left kidney had been absent in both instances. The first patient, a woman of 47 years, had died of an acute lobar pneumonia. There was only one ureteral opening in the bladder, and no trace of a ureter or kidney could be found on the left side. The kidney was double the normal size and weight. The internal genital organs showed a malformation in the shape of a distinctly double uterus of the type known as "uterus bicornis." In the second case, that of a woman aged 32 years, there had been a pyonephrosis and a perinephritic abscess. An incision had been made into the abscess and into the substance of the organ. So far as known, no cystoscopic examination had been made, hence if the operation had been pushed further the only kidney present might easily have been extirpated. In this case there was also present a double uterus, but of a different type from the first case. Externally the uterus departed from the normal only in the appearance of a slight depression at the middle of the fundus, but internally it presented two distinct cavities opening into a single cervix—"uterus bilocularis." The absence of the left

kidney was believed to be more common than that of the right. The relation between this anomaly and the occurrence of double uterus had not been determined.

Dr. Larkin said that he had met with two cases of absence of the kidney—in one it was the left and in the other the right kidney that was missing. In one of these cases there had also been an adenoma of the kidney.

Lactation in a Virgin.—*La Médecine Moderne* gives publicity to a curious letter addressed to a physician by a young lady under the following circumstances: The distressed applicant had had charge of an infant six months of age, whom it was necessary to wean, a process to which the infant objected in a way that is the wont of infants under similar circumstances. To console her irritable charge she put it to her own breast, which, she adds, was not very voluminous; but in the course of a few days the breasts underwent an increase in size, and, to her surprise and uneasiness, a fairly copious secretion of milk became manifest—sufficient, with a little assistance, to satisfy the infant, whose health and development left nothing to be desired. Her object in applying to the physician was to ask advice how to put a stop to a condition of things which she felt was, to say the least of it, unusual in a virgin. It is not to be supposed that any difficulty was experienced in arresting the secretion, but the substance of the letter appears genuine enough to give it a physiological interest. We remember to have heard of similar occurrences, more or less well authenticated, in non-pregnant females, even of advanced years; indeed, an abundant lacteal secretion has actually been noted in the newly born, even of the male sex.—*Medical Press and Circular*.

DISEASES OF THE NOSE, THROAT AND EARS.

Nasal Obstruction Due to a Leech.—In our issue of October 7 we cited from the *Lancet* a case of epistaxis due to a leech in the nares. Dr. Lim Boon Keng of Singapore (*Scottish Medical and Surgical Journal*) records the case of a Japanese workman who had all the appearance of having recently lost a large quantity of blood. A leech had got into his nostril about three months before while he was bathing. A forceps was applied to the leech, which, however, held on so firmly that traction was abandoned. Syringing the nostrils with potassium per-

manganate lotion only made the animal contract more firmly. Finally the patient was caused to inhale a few drops of chloroform by each nostril, when it relaxed its hold and fell with the forceps to the floor. Dr. Keng suggests that probably a better way would be to inject a few drops of chloroform into the body of the leech with a hypodermic needle. This will recall a recent suggestion as to the hypodermic injection of morphine into a protruding tapeworm.—*N. Y. Med. Jour.*

Removal of a Foreign Body From the Nose.—D. S. Humphreys, M.D., Greenwood, Miss., writes: I was called some time ago to remove a cotton seed from the nostril of a three-year-old child, which I did very easily and quickly by the following method: The nose-piece of an ordinary Politzer's air-bag was inserted into the nostril on the side opposite to the offending substance, and the bag suddenly compressed, when out half-way across the floor flew the cotton seed.

It is an ideal method, as the screaming of the frightened child closes the posterior nares and forces the air back through the other nostril.—*Med. Rec.*

Shall We Use Cold in Acute Middle-Ear or Mastoid Affections?—At the annual meeting of the American Otological Society held at New London, Conn., July 18, 1899, Dr. Tansley vigorously opposed the use of cold in all acute middle-ear or mastoid affections, as it seems to exert no curative effect whatever, and might hinder in determining when to operate. Although cold might restrain the growth of microbes under certain conditions, he could not see how sufficient cold could be satisfactorily applied in mastoid troubles; indeed, he reported a case to show that the application of cold caused great destruction of tissue, and it seemed to accomplish nothing more than to alleviate the pain and external swelling.—*Amer. Jour. Med. Science.*

OPHTHALMOLOGY.

Treatment of Conjunctivitis.—Dr. Darier of Paris strongly recommends in the treatment of conjunctivitis the application of protargol, which contains only 8 per cent. of silver, while the nitrate contains 65 per cent. Consequently, the solutions employed for cauterizing should be much stronger than if the latter agent were used.

For instillations the following formula might be recommended

in the majority of cases: Protargol, 10 grains; water, ʒijss. A few drops to be instilled three or four times daily. For cauterizing with a brush, the solution should be considerably more active; protargol, ʒj; water, ʒijss. Insufflation of the powder might be employed in grave cases, such as blennorrhagic ophthalmia and trachoma, followed by massage of the lids.

M. Darier treated exclusively with protargol 500 cases of different varieties of conjunctivitis without the slightest accident; it is in fact an inoffensive agent.—*Med. Press and Circular*.

Multiple Ocular Manifestations of Syphilis.—While isolated ocular complications in syphilis are not uncommon, a case recorded by Dr. Lor (*La Clinique*, Bruxelles, *Journal de Médecine de Paris*) shows an unusual variety of such complications. Within a year of the initial chancre Dr. Lor's patient displayed in the order given the following series of ocular symptoms: Optic neuritis with internal ophthalmoplegia (paralysis of the iris and of the muscle of accommodation) in the left eye; papulæ of the ocular conjunctiva and lacrymal obstruction; double sero-papular iritis, and interstitial keratitis of the left eye.—*Ex.*

Parenchymatous Keratitis in Acquired Syphilis.—Roubicek (*Ophthalmic Record*, October, 1899) says that while specific treatment is unmistakably effective in this affection with acquired syphilis, mercurial inunctions have no effect on congenital cases. Hence inunctions are not applied to children in Deyl's clinic. Roubicek reports several observations which differ in several points from the scheme established by Valude; he claims that in the case of acquired syphilis the keratitis is unilateral, disproved by two of the observations; also that the pain is less than in the congenital cases, with no lachrymation or shrinking from light, which was the reverse of what was observed in another case. But the observations confirmed his other points: the lesser vascularization with acquired syphilis, and the fact that the cloudiness of the cornea commences at the edge with distinct cloudy patches which slowly merge together. With congenital syphilis, the tongue-shaped patches of cloudiness soon spread over the entire area of the cornea. Many cases of the affection, with acquired syphilis, have probably been included with the congenital, especially in children, as we are apt to forget that children can acquire syphilis. Roubicek considers it almost impossible to distinguish

between interstitial keratitis from acquired or congenital syphilis, as experience has shown that Hutchinson's stigmata can occur with acquired syphilis. Fournier advises the following questions: syphilis in the family; do the parents acknowledge it? syphilis stigmata on them; occurrence of abortions, premature births, eclampsia, and convulsions, bearing in mind the possibility of lead and tobacco intoxication, as women in tobacco factories abort regularly.—*Scottish M. and S. Jour.*

NEUROLOGY.

So-Called Functional Mental Disorders.—For a number of years Nissl has been making a histologic study of every brain that came to the autopsy, and he announces that every psychosis, whatever its nature, has a positive anatomic cortical foundation, and hence the term of functional mental disorder, meaning one without an anatomical foundation, must be abandoned. He has preparations from persons with katatonia in which the proliferations of the neuroglia is fully as pronounced as in cases of progressive paralysis. He also has preparations from "involution melancholia" in which the ravages in the cortex were much more severe than in paralysis. In a case of suicide he found a most astonishing increase in glia-cells, and that they had swallowed the greater part of the nerve-cells of the inner zone of the medullary fibers. The man had been considered sound to the very last, but inquiry showed that he was the victim of unrecognized katatonia. He announces that in eighty cases of progressive paralysis Unna's plasma-cells were constantly found abnormally numerous in the adventitia of the cortical vessels, while Ehrlich's granular cells—mast-zellen—were occasionally encountered in cases of epilepsy, katatonia, melancholia, idiocy, etc. We can assume, therefore, that the presence of Unna's plasma-cells is pathognomonic of paralysis, but no one would claim that the psychic manifestations are due to these, and it has never yet been absolutely established that any of the alterations noted in this disease are the cause of the psychic disturbances. "We can only distinguish the nerve cells and the nerve fibers to a certain point. We trace the nerve fibril to the wall of the nerve cell, and beyond, to the tips of the dendrites through the axon into the axis-cylinder to the point where it vanishes from our sight. The wall of the cell confines the pericellular network, and this side is the gray substance in

which the axis-cylinder has vanished from our observation. We know nothing of the more intimate relations between the nerve fibril and the cell body, or between it and the gray substance, and any interpretation of these facts is entirely beyond us. The question now before us is to determine whether and to what extent the clinical pictures observed parallel the pathologic anatomic processes. Diseases developing on an anatomically intact foundation are unknown to science."—*Med. and Surg. Bull.*

The Spinal Cord in Pernicious Anemia. — Nonne (*Deutsche Zeitsch. f. Nervnh.*, XIV. 3 u. 4) reports the results of numerous examinations of the spinal cord in cases of pernicious anemia, in cases of sepsis and senility, and includes remarks upon changes determined by Marchi's method in acute processes in the spinal cord. Different views have been held by different writers, Lichtheim being the first to report upon the spinal complications of fatal anemia, which have described the lesions as being those of a combined system disease, a "cachexia of the ganglion cells," hemorrhages and other conditions. In other investigations Nonne has reached the conclusion, which is further elaborated here, that the harmful element of the disease, on the one hand, may be generally recognized as circulating in the blood, and on the other side there is incontestible proof that changes in the blood-vessels present a local and an etiological explanation of lesions of the spinal cord. After the study of a number of cases, which are cited in full in the contribution, Nonne summarizes as follows:

1. Diseases of the spinal cord in pernicious anemias are focal; they have no system character, in the sense of a combined system disease, but are to be regarded as an acute disseminated myelitis.

2. The localization of this myelitis shows a relation with the blood-vessels.

3. An etiological relation, in the sense of a toxic agent conveyed by the blood, appears very probable from the results of a series of examinations in cases of sepsis; the condition of the cross-section of the cord in such cases was comparable with that found in early cases of pernicious anemia. An analogy with the chronic degenerations exists in connection with the vascular degenerations found in old age.

4. The gray matter may be affected in advanced cases; this lesion is, however, not a primary one, producing secondary changes in the white portions of the cord, but is a complication. In early cases lesions in the gray portions of the cord are not discoverable with either Nissl's or Marchi's method.

5. The visible diffuse degenerations revealed by Marchi's method, in severe anemias in cases of sepsis adjacent to local lesions, permit the conclusion that they are the result of trophic changes, and that they are not merely a functional disturbance of the nerve elements. The different posterior roots and the anterior commissure show an especial predilection for the Marchi degeneration.—*Albany Medical Annals*.

ANTENATAL PATHOLOGY.

Congenital Cranial Tumor.—Andricu reports (*Journal de Clin. et de Thérap. Infantiles*, vol. vi., No. 44) the following:

A newly born male infant presented a peculiar appearance because of its bulging eyes, flattened nose and red, soft, pediculated, non-pulsating, egg-sized tumor which surmounted the head, the frontal, parietal and occipital bones being atrophied. Pressure on the mass was followed by general convulsions, and it was removed by operation. The tumor weighed twenty-nine grammes, was covered by a very vascular membrane resembling thin skin, and consisted of two lobes made up of numerous cysts containing blood and serous fluid. Microscopically the growth was an angioma without any trace of nerve tissue. The baby died, and at the autopsy the cerebrum was found to be atrophic and asymmetrical, while the convolutions were not of normal topography. The pedicle of the tumor was continuous with the cerebral meninges, but did not penetrate the brain substance. The base of the skull was normal.—*Archives of Pediatrics*.

MEDICO-LEGAL.

Legal Value of Life as Revealed by the Decisions of Courts.—In Trenton, on July 18, 1898, Justice Gummere set aside a verdict of \$5,000 in the case of Abraham L. Graham vs. The Jersey City Traction Company for the loss of his five-year-old child. Justice Gummere allowed Graham nominal damages to the extent of \$1. The justice, in explaining, said: "Chil-

dren are an expense, as a rule, and not a pecuniary benefit to their parents."

Antonio Petrillo was killed in an accident on the Naugatuck Division of the New York, New Haven & Hartford Railroad. The company was sued by the sister of the dead man for \$5,000. The case was concluded May 12, 1899, before Justice Silas A. Robinson of the Superior Court of New Haven (Conn.). Instant death was proven, and lawyer Day, the railroad's attorney, said: "Unless it appears affirmatively that there was some pain and suffering, and that the death was not instantaneous, the plaintiff is entitled to recover nominal damages only." The judge allowed the claim, and fixed \$10 as the amount of damages.

As opposed to these remarkable judgments have been many cases where large awards have been given for death or injury due to accident.

The first case tried in New York after the repeal of the law fixing \$5,000 as the maximum damage recoverable for death by accident was that of Mary E. O'Reilly for the death of her husband, Terence C., against the Utah, Nevada & California Stage Company. Justice Patterson, in the Supreme Court, Jan. 1, 1895, awarded the sister of the dead man \$18,000.

A still higher price was put on a human life in the case of Griffin vs. Manice, concluded in the Supreme Court, this city, May 12, 1899. On Dec. 6, 1898, W. H. Griffin met with a fatal accident in the elevator of the Manice building, No. 55 William Street. Suit was brought by Mrs. Griffin. Justice Chase awarded Mrs. Griffin \$22,500 damages, and an additional allowance of \$300.

In England, 1896, in the case of Duckmerst vs. Johnson, the father was awarded \$500 damages for the death of his fourteen-year-old son. The boy met with an accident in the mill where he was earning four shillings a week.

In the case of Congdon vs. Southern Railroad Company, tried in Dublin, a widow was awarded \$250 for the death of her son, though he had never contributed to her support.

In Palestine, Texas, Dec. 10, 1889, Noel Chapman, a sixteen-year-old boy, was awarded \$30,000 from the Great Northern Railroad for the loss of a leg.

Burnham L. Elberson and wife against the New York Central Railroad were awarded \$35,000 damages.

Probably one of the largest awards on record grew out of the suit of Mrs. Homer Baldwin against the New York Central Railroad. She received frightful injuries in the Hastings disaster of Christmas Eve, 1891. She sued for \$250,000. The case was settled out of court by the payment, it is said, of about \$90,000.

“‘How can a judge or jury fix damages equitably?’ Here is Edward Lauterbach’s answer to that query: ‘Previous to 1895 we had the maximum judgment in case of death by accident \$5,000. I was a member of the committee that went to Albany in 1894 to aid the repeal of that act. It was the unanimous opinion of the committee that this limit act should be erased from the statutes. I know of cases of injuries where awards of \$30,000 and \$40,000 were not considered excessive. When a life has been lost as a result of accident damages are recoverable by heirs or next of kin. To decide what should be paid many things must be considered—station in life, age, ability as a bread winner, all go to determine the loss. Hence the law, after such considerations, provides an equivalent for the loss of the family or next of kin.’”—*New York World*.

In commenting on the Petrillo case, the *Chicago Law Journal* says: “A Connecticut court recently awarded only ten dollars (\$10.00) damages for the death of a railway workman, who was killed by the negligence of the railway’s agents. The award is at once an absurdity and an outrage. It costs more than \$10 to bury a man. The very clothes that this workman wore cost more than that. Ignoring all consideration of natural affection, any man able to work for wages is worth more than a paltry ten dollars in mere money to those who are dependent upon him. But, with a California judge holding that the life of a workman’s child is only reasonably worth five dollars, and a New Jersey jurist ruling that a child’s life is not worth anything, supplemented by the frequent and persistent reversals by appellate courts of judgments for the plaintiff in personal injury suits, this holding of the Connecticut court serves to emphasize the corporate conditions with which the bench is hedged.”—*Railway Surgeon*.

BOOK REVIEWS.

Transactions of the American Otological Society. Thirty-Second Annual Meeting. Pequot House, New London, Conn., July 18, 1899. Vol. VII., Part II. 8vo., pp. 137-358. Published by the Society. 1899.

In this volume of transactions are to be found quite a number of papers of more than ordinary interest to otologists. The report of a case of otic neuritis, by Dr. Walter B. Johnson, is out of the ordinary and will prove quite helpful to many. A case of epithelioma of the middle ear, by Robert C. Myles, is one which is of more than ordinary interest. The Stacke operation in chronic otorrhea, or, as it is otherwise known, of simple exenteration of the lymphatic cavity, is treated of by Drs. B. Alexander Randall and Edward Bradford Dench. Mastoiditis and mastoid, as well as tympano-mastoid operation, come in for a good share of attention, and in the various papers devoted to these topics many good ideas are given. The volume before us represents an enormous amount of work for one day's session and is strong evidence of the strength and earnestness of purpose of the society.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Histology and Pathology. A Manual for Students and Practitioners. By JOHN BENJAMIN NICHOLS, M.D., and FRANK PALMER VALE, M.D. Series edited by BERN. B. GALLAUDET, M.D. 12mo., pp. 458. Illustrated with Two Hundred and Thirteen Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.75 net; flexible red leather, \$2.25 net.

This is by far the best number yet issued in this valuable series. Whilst the authors do not claim originality in the matter which they present, they have so systematically arranged it that it is, in the highest degree, interesting. Another feature that is to be commended is that the book is thoroughly up to date. A good idea, and one that struck us most favorably, was the combination of histology and pathology in one volume. This enables the student to immediately establish comparisons between normal and diseased tissues, and to appreciate to their fullest extent the changes which pathologic processes establish. The principles are dealt with in adequate manner, and no ex-cathedra dicta are permitted to show themselves. Whatever is stated is susceptible of demonstration, and mooted questions are severely let alone, a mere statement being made to that effect. This is the more rational and logical course to follow.

We note in the part devoted to histology that the statement is made that the pineal body has the structure of a ductless gland, but is probably a rudimentary sense-organ. There is no question that it is the remains of the third eye of vertebrates which can

still be demonstrated most clearly in certain varieties of lizards. We were rather disappointed by the description of the sweat glands, which Unna long ago called coil glands, and proved secreted fat. We cannot say that we are satisfied with the definition of osteoma and exostosis, because just as important a class, the osteophyte, is not mentioned, and these bony growths occupy an important place in the pathology of syphilis of the bones.

Barring a few little points of this sort, the book is an exceptionally good one. We can safely and conscientiously recommend it to both students and practitioners, who will find in it much to interest and instruct them.

Christian Science. An Exposition of Mrs. Eddy's Wonderful Discovery, Including its Legal Aspects; A Plea for Children and other Helpless Sick. By WILLIAM A. PURINGTON. 8vo., pp. 194. [New York: E. B. Treat & Co. 1900. Price, \$1.00.]

This book consists principally of articles published in first-class magazines and medical journals, and is a most fair exposition of the whole subject. The various books of Mrs. Mary Moss Baker Glover Patterson Eddy are freely quoted, and it is out of her own mouth that her condemnation comes. But very short extracts can be given, as all her books are copyrighted, and as she has a good eye open to the main chance, she wants no infringement on her rights. The author, who is a good lawyer, gives the legal aspects of the cause of the delusion, and it is hoped that his book will eventually become a plea for the innocent children and helpless adults who might become the victims of a delusion which already counts its dead by the thousands.

We are pleased to see a fair-minded judicial intellect approach the question, and the book should be in the hands of every honest, intelligent physician. You can never appreciate the folly of such a delusion until it is exposed in all its details, and you can never punish it adequately or suppress it until you are acquainted with the law. Mrs. Eddy cannot be held responsible. According to her own statement she had hallucinations when but eight years of age. Her proper sphere should be a cell in an insane asylum, and many of her advisers and followers should be furnished with similar quarters in her immediate neighborhood. Any sensible person reading the book before us will arrive at the same conclusion.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Transactions of the American Otological Society. Thirty-Second Annual Meeting. Pequot House, New London, Conn.,

July 18, 1899. Vol. VII., Part II. 8vo., pp. 137-358. [Published by the Society, 1899.]

Christian Science. An Exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A Plea for Children and Other Helpless Sick. By William A. Purrington. 8vo., pp. 194. [New York: E. B. Treat & Co., 1900. Price, \$1.00.]

Lea's Series of Pocket Text-Books. Histology and Pathology. A Manual for Students and Practitioners. By John Benjamin Nichols, M.D., and Frank Palmer Vale, M.D. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 458. Illustrated with Two Hundred and Thirteen Engravings. [Philadelphia and New York: Lea Brothers & Co., 1900. Price, cloth, \$1.75 net; flexible red leather, \$2.25 net.]

Lea's Series of Pocket Text-Books.—The volumes of this series will hereafter be bound in red cloth, heavy beveled edge boards and also in flexible red leather with round corners and with margins trimmed to facilitate carrying in the pocket. The leather bound books will cost 50 cents more than the cloth bound.

The Providence Medical Journal is a large octavo quarterly of 36 pages, published by the Providence (R. I.) Medical Association. Dr. Geo. D. Hersey is the editor, and it is issued at the price of \$1.00 per annum. The editor informs us, among other things, by way of explanation and greeting, "that if there was ever a medical journal which did not have to hunt around for an excuse of existence it is the *Providence Medical Journal*. It is not founded to enrich its proprietors or to impoverish its advertisers, to furnish a medium for the exuberance of medical ideas or to add fame or glory to any man or set of men. It has nothing to sell and no favors to grant." All of which we firmly believe.

MELANGE.

Stallman & Fulton Co. is the firm title of the former well-known importers and exporters of drugs, etc. The firm, which consists of Messrs. J. H. Stallman, John Fulton, Jr., J. H. Z. Stallman and F. L. Stallman, have incorporated under the name given above. This change will in nowise interfere with the business of this house, which will continue to conduct it with the same integrity as heretofore.

St. Louis Medical Society Resolutions on the Death of Dr. Joseph Charles Mulhall.—The St. Louis Medical Society mourns the loss of one of its brightest ornaments, as well as one of the best beloved of its circle, Dr. Joseph Charles Mulhall.

As a man, he won respect by his unswerving truthfulness, honesty and fidelity, and admiration by his dauntless courage in the face of affliction, which, in a body weakened by disease, rose to the level of heroism.

As a friend, he endeared himself to us by his bright smile, cheery voice, and unfailing courtesy, but still more by his loyalty, manliness and devotion to high ideals.

As a husband and father, he was loving and always solicitous for the comfort and welfare of his own.

As a physician, he stood, from the very beginning of his career, in the front rank, and soon won a place in his chosen branch of activity, with but few peers in the land, and no superior. None the less did he remain modest as to his own attainments, eager to recognize the qualifications of others, and kind to the youngest and most obscure, as well as to the fathers and masters in our profession.

Many are the sufferers who will now deplore the loss of his skillful and conscientious services.

This Society honored itself by making him its President in the year 1898.

We extend our heartfelt sympathy to his sorrowing family, and direct that these resolutions be spread upon the minutes of the Society, and that copies be sent to his relatives, to the scientific bodies of which he was a member, and to the local medical and lay press.

J. K. BAUDUY,
LUDWIG BREMER,
H. G. MOORE,
E. H. GREGORY,
JOS. GRINDON,
Committee.

Research Versus the Practitioner.—The *Lancet*, in the course of a recent editorial, makes the following reasonable remarks concerning the relation of the theoretic to the practical side of medical education:

“It is impossible to study dissertations or discussions upon medical education without seeing that the speakers are generally divided into two groups, one of which believes in research and the other in resource. Each group, of course, is right, as each would be wrong if it affected to despise the other or to believe that the best medical man, the man that is most helpful to the sick in his

generation, could be turned out upon its own recipe regardless of the opposite school of thought. But the work of pure research should for obvious reasons be dissociated from institutions like hospitals, and carried on in some neutral place distinct from hospital premises. The hospital should be regarded by medical men, as it is by the public, as much as possible, as a place for the cure of patients by recognized and established methods. Secondly, the research element in education must not be allowed to interfere with the more practical elements and the teaching of the readiest ways of relieving human suffering. The clinical method for some time, if not always, must prevail in medical education. Readiness and resource are indispensable in an efficient practitioner, whether he has to relieve a colic or to remove an adherent placenta, and higher research work for the present must occupy a distinct department of medicine. It is probable that we shall have a long time to wait before we can reach such knowledge of physiology and pathology as to perfect our insight into disease, and in the meantime the problems of medical practice and the calls for relief of the suffering press. Readiness and resource are inestimable qualities in the practitioner, and that is the best medical school in which the student is taught the most indispensable and generally available modes of treatment for the cases which will come before him in actual practice. There need be no rivalry between research and resource, but there is much need for mutual respect between their typical representatives, and the best medical practitioner will be he who so appreciates them both as to learn lessons that will apply to the actual treatment of disease."—*Boston Med. & Surg. Jour.*

To the Members of the Medical Profession in the United States.—The cause of humanity and of scientific progress is seriously menaced. Senator Gallinger has again introduced into Congress the bill for the "further prevention of cruelty to animals in the District of Columbia," which he has so strenuously and misguidedly advocated in the last two Congresses. It is Senate Bill No. 34. Twice the Committee on the District of Columbia has, also unfortunately and misguidedly, reported the bill with a favorable consideration. It is speciously drawn to seem as if it were intended only in the interest of prevention of cruelty to animals, but the real object is twofold: 1, to prohibit vivisection; and, 2, to aid the passage of similar bills in all the State legislatures.

It hardly needs to be pointed out that this would seriously interfere with or even absolutely stop the experimental work of the Bureau of Animal Industry and the three medical departments of the government—the army, the navy and the marine hospital service. The animals themselves might well cry out to be saved from their friends. No more humane work can be done than to discover the means of the prevention of diseases which have ravaged our flocks and herds. All those who raise or own animals, such as horses, cattle, sheep, pigs, chickens, etc., are vitally interested in the preservation of their health and the prevention of disease.

The inestimable value of these scientific researches as to the prevention and cure of disease among human beings it is superfluous to point out. Modern surgery and the antitoxin treatment of diphtheria alone would justify all the vivisection ever done.

As my attention has been called officially to the introduction of the bill, I take the opportunity of appealing to the entire profession of the country to exert itself to the utmost to defeat this most cruel and inhuman effort to promote human and animal misery and death and to restrict scientific research. It is of the utmost importance that every physician who shall read this appeal shall immediately communicate especially with the senators from his State, shall also invoke the aid of the representatives from his and other districts in his State, and by vigorous personal efforts shall aid in defeating the bill.

It is especially requested also that all of the national, state and county societies, at their next meeting, take action looking toward the same end. If regular meetings are not soon to be held, special meetings should be called. Correspondence is invited from all those who can give any aid.

The Committee on the District of Columbia consists of Senator James McMillan, Michigan, chairman; and Senators J. H. Gallinger, New Hampshire; H. C. Hansborough, North Dakota; R. Redfield Proctor, Vermont; J. C. Pritchard, North Carolina; Lucien Baker, Kansas; C. P. Wetmore, Rhode Island; C. J. Faulkner, West Virginia; Thomas S. Martin, Virginia; W. M. Stewart, Nevada; and Richard Kenney, Delaware. Personal letters may be addressed to them or to other senators. Petitions should be addressed to the Senate of the United States.

W. W. KEEN, M.D.,

President American Medical Association.

Senate Bill No. 34.—Dr. W. W. Keen, president of the American Medical Association, has issued an open address to the members of the medical profession in the United States, which appears in another part of the JOURNAL. It will be remembered

that at the session of Congress one year ago Senator Gallinger of New Hampshire introduced a bill for the "Further Prevention of Cruelty to Animals in the District of Columbia." Indeed, the same bill was introduced in 1897. The bill in itself is apparently a harmless one, says the *Western Medical Review*. Senator Gallinger was formerly a homeopathic physician of Concord, and represents New Hampshire in the United States Senate. It will be remembered that several years ago he made a speech in the United States Senate belittling the medical profession and their friends in behalf of humanity, and it is in keeping with his scientific knowledge and his opinions of his own profession that he should be the father of a bill which would have, in the long run, the effect of seriously impairing experimental and physiological work in this country. The bill is ostensibly intended to eliminate cruelty to animals. The real object, however, is to prohibit vivisection and to be the entering wedge for like legislation by the different State legislatures. Its passage would probably seriously hamper the experiments being done by the Bureau of Animal Industry in the Department of Agriculture, and also those carried on by the Surgeon General's Department in the army and in the Marine Hospital Service. Just now the anti-vivisectionists and anti-vaccinationists, who are practically one and the same, are especially active. They are almost entirely recruited from the ranks of second-rate scientists and would-be moralists. Occasionally, but very seldom, they secure a recruit in the person of some unbalanced medical man. They are persons entirely devoid of reason, especially when they have convinced themselves that they do not want to be convinced. The advanced position of Germany to-day as the leading scientific country of the world is entirely due to the unfettered manner in which her scientific men are allowed to work and carry out their experiments to conclusions. Great Britain has of late years been far in the rear of Germany, for the simple reason that she has been hampered and fettered by the class of people who are to-day seeking to squelch all scientific experimentation in this country. The incomparable results of the labors of the immortal Pasteur the world would still be without if the anti-vivisectionists had had their way. The life of one human being is worth the lives of an infinite number of the vermin which are usually used in experimental work, and the discovery of antitoxin in diphtheria alone would amply repay us for everything that has been sacrificed in experimental work in recent years. We print the address of Dr. Keen on another page of the Journal, and we hope it will be fully perused, and that the different district and county medical societies of this and other States will respond and bring pressure to bear upon our senators and representatives to reject this nefarious bill.

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ORIGINAL COMMUNICATIONS.

LA GRIPPE.*

BY WILLIAM HENRY, M.D., HARMON, ILL.

The disease that is now called grip, or la grippe, has had various names or titles given to it. In the seventeenth century it was first called influenza in Italy, because it was attributed to the influence of the stars. In 1743 it was called la grippe in France. It has been called in Russia, Chinese catarrh; in Germany and Italy, the Russian disease.

It is said to have been referred to by Hippocrates, who gave it no perfect description. The epidemic in the Athenian army, 415 B. C., recorded by Diodorus Siculus, is supposed to have been influenza. In A. D. 827 an attack of cough which spread like the plague was recorded; again in 876 Italy and the whole of Europe was attacked, and the army of Charlemagne suffered severely, and during the same epidemic birds and dogs were attacked with the disease. In 976 the whole of Germany and France was attacked by a fever and a cough. In 1173 another epidemic was widely spread, and again in 1180 the disease was very fatal, and in Italy and Spain it did its dread work of destruction. In Rome 10,000 died in a very few weeks. At the same time the city of Madrid was nearly depopulated by the epidemic, and in 1239 and 1299 other epidemics were mentioned.

*Read before the Rock River Valley Medical Association.

It has prevailed in every part of the habitable globe. The whole of Europe, China, Tartary, Egypt, India, and parts of Asia, Australia, Polynesia, or the Islands of the Sea, on high and low altitudes, on the sea as well as on the land; it has no respect for sanitary precaution. It may at the same time affect the king on his throne or the beggar on the street. It will affect the most cleanly as well as the most filthy. It may at the same time affect the inhabitants of Greenland's icy regions or the torrid-heated regions of India or Africa; no race is exempt from its ravages. The most civilized and enlightened or the most savage or barbarous are alike affected. It has occurred in both hemispheres at the same time, after which it has disappeared for a time. When it has invaded a large portion of the earth's surface at a time, its progress has been rapid, yet not to such an extent as is commonly supposed. It sometimes travels slowly.

In England the following epidemics have been recorded with great care: In 1510 and 1557 the epidemics were recorded by Thomas Short, in 1658, by Willis 1675, by Sydenham 1729-1743, by Huxham, in 1732-33 by Arbuthnot, 1758 by Whyatt, 1762 by Baker and Rutton, 1867 by Heberden, 1775 by Fothergill, who collected observations from many physicians. Thus in 1762 it appeared in London, in the beginning of April; at Edinburgh, in the beginning of May. In 1830-31-32 it prevailed in Moscow and St. Petersburg. From thence it took no less than eight months to spread over the whole of Germany.

Gulze, from an examination of the epidemics of the last 300 years, believed that he had discovered that its course was from west to east. I think that his statements do not hold good in the last epidemics, as they seem to go from east to west, the reverse of his statements. The exact spot on the earth's surface where an epidemic starts has not been made out. Season does not seem to have any influence on it, as it appears at all seasons and at all times of the year. Temperature does not have any influence on influenza. It appears on land and sea, in hot and cold, dry and moist, atmospheres.

Attempts have been made to show that during epidemics there are indications of an unusual development of vegetable life, and that bloody or red snows, blood-rain, flights of locusts or insects, etc., are common in influenza years. These speculations have had more than usual interest and certainly should be brought

to the test of close inquiry. At present all that can be said is, that no facts of any moment exist which connect an unusual fungoid development with the spread of influenza. I have noticed that when the east wind blew for some time that the spread of the epidemic was more rapid. I believe, with some others, that human intercourse has something to do with the spread of it in a city or village. Haggarth seems to think that human intercourse has something to do with its spread; others seem to hold the same opinion. Race has no influence sex probably none, if any. Women are slightly more affected than are men.

Canon Klein and many other late observers claim that influenza is caused by a bacillus which develops in the nasal passage, throat, larynx, bronchial tubes and blood. They are the cause of the sneezing and cough which are peculiar to the disease. These bacilli, we are told, are non-motile and, so far as is known, do not produce spores. The length as given by the above observers is 0.5 and the diameter 0.2 micro-millimetres. They are usually said to be solitary or in chains. It is also said that they die quickly when dried, and are killed in five minutes when exposed to a temperature of 60° C. Certain of the pneumonia organisms are said to resemble the influenza bacilli.

When this disease attacks a person there is more or less languor, debility, chilliness and heat, alternately fever of more or less violence, headache, muscular weakness, easily made to perspire on the least exertion. I have seen children who lay in a stupor or comatose condition for a day or two who did not seem to notice anything going on around them. There is often delirium, vomiting, skin dry and hot, quick pulse; in some cases there will be constipation, in others diarrhea. In some cases there is a rash comes out, resembling measles or scarlet fever. There will oftentimes be toothache, earache, aching in the bones and muscles.

These symptoms may be followed by bronchial troubles, acute bronchitis, asthmatic and pleuritic trouble. Pneumonia may be a sequela of the disease. There may be heart weakness, edematous swelling of the lower extremities; the brain, liver, spleen or stomach may be affected, or disturbances of the kidneys and bladder may be among the troubles following an attack. It may cause defective hearing; there may be hemorrhage from the nose, ears, mouth and other mucous membranes.

The diagnosis sometimes, at the start, is not so very easy, as it often has the semblance of other diseases. The prognosis should be guarded, as it may take on some other disease—it may be pleurisy, pneumonia or some kidney or bladder trouble, or the heart or brain may become affected.

The system is usually left in such a debilitated condition that when the patient seems in a convalescent condition there may be a sudden depression of some of the vital organs, the brain, heart or lungs, which cause sudden death. I have seen cases, who thought that they were well and felt in their usual health, taken suddenly ill and run down very fast. The very young and the very old who do not have any great amount of vital energy have very easily succumbed to the disease; many during convalescence are affected with insomnia, especially the old and feeble.

Treatment.—In the first place, when a person is taken with the disease they should be confined to their room for a few days in bed and kept warm. I have used antikamnia to control the pain and a combination of quinine, bromide potassium, podophylin and aloin. This is a good combination and has given good results in my hands in the late epidemic. I have used tinct. digitalis for the fever. It seems to control the circulation and not depress the heart. In the cough that usually follows I have prepared a cough syrup of white pine compounded with syrup yerba santa and syrup of tar and wild cherry, adding a small amount of chloroform as a quieter, which in many cases gave good results. I see in medical journals other lines of treatment given which I do not think are just what is needed, and did not have the remedies which in my hands did prove successful. I did not have any faith in the quinine and whiskey treatment lauded by some; nor the use of acetanilid or phenacetine. I think that they have a tendency to depress the heart's action. I believe that many cases of death from heart failure were caused by such depressant remedies. We do not want to use any medicine of a heart depressant nature in this disease; we need something to sustain and brace up the flagging vital powers, as the disease of itself is depressant enough. That seems to be the tendency of la grippe in its action. We want something to tone up, recuperate the flagging powers of vitality, to re-instate and recuperate all of the vital organs.

ASTHMA AND ITS TREATMENT.

BY G. A. GILBERT, M.D., DANBURY, CONN.

It is now generally conceded that asthma is essentially a disease of the nervous system, depending upon a central or peripheral irritation of the vagus, which produces contraction of the muscles of Reisseisen. The paroxysm is thus described by Biermer:* “The air entering the lung in inspiration is spent up by the spastic constriction of the bronchi, which, acting as a valve, admits of its passage in one direction, but impedes its escape during expiration and thus causes inflation of the air cells and insufficient aëration.” It is admitted, too, that not only is the vagus involved, but the vaso motor system as well—contraction of the arterioles and high arterial tension being the inevitable result. As physiologists tell us that the amount of respiratory surface in both lungs is about 156 square yards, and that this entire area is richly endowed with capillary blood vessels, it will at once be seen that any general constriction of the latter must necessarily interrupt to a marked degree the normal function of respiration, and interfere with the interchange of oxygen for the poisonous carbon dioxide; while in the more remote parts of the body there will be a deficient circulation and interchange between the blood and tissues in and on the distal side of the obstructed vessels.

In relation to the *cause* of the abnormal condition above described, it may be well to refer to the statement of the celebrated Haig of London, who says: “Very little experimentation will suffice to convince any one that contraction of the arterioles varies directly with the amount of *uric acid* that is circulating in the blood, and the only way to treat asthma is to clean the blood of uric acid and keep it clean.” That uric acid produces high arterial tension and the condition leading to asthma is now well understood. It is believed that the biurate crystals, by their points, set up a reflex irritation of the terminal branches of the vagi in the bronchial mucous membrane, thus initiating the asthmatic attack; the latter being paroxysmal, for the same reason that migraine is paroxysmal, in accordance with the natural fluctuation of the uric acid and the amount of that toxine passing through the blood; and not until the emunctories of the system eliminate the poison may permanent relief be expected. Two confirmatory facts which would seem to favor this hypothesis are,

*Cf. Volkmann's *Sammlung klinischer Vorträge*, No. 12, Leipzig, 1870.

first, that most attacks of asthma occur at from 2 to 4 o'clock in the morning, when the uric acid flood is at its height; and, second, that after an attack of asthma, as after a uric acid storm, there is a flow of limpid, pale urine, in great abundance.

Though probably all cases of asthma are not due to the presence of uric acid in the circulation, yet it will be found that nearly every case will be benefited if attention is given to its elimination by means of dieting and the proper medication. In the opinion of Dr. Scott, an eminent Texas physician, the factor that produces rheumatism also produces asthma; and he furthermore cites the clinical fact (often observed by the writer of this article), that the two diseases do not co-exist in the same patient, but that the one usually precedes or follows the other.

Having decided, therefore, upon the factor most fertile in the etiology of the condition known as asthma, it now behooves the careful physician to turn his attention toward the proper therapeutic agent to remove the toxine from the system; and thus, after long groping in the darkness, be enabled to finally treat his asthmatic patient in a rational manner. As regards a remedy for the removal of uric acid from the system, the stage of experimentation has been passed, and it is now quite generally the opinion that the laxative salt of lithia (thialion) is the most potent antilithic agent to be found in our present materia medica. As iodide of potash was once given empirically, its partial success being due to the formation in the system of the partially soluble urate of potash, and its partial elimination by the kidneys; so now is the laxative salt of lithia given rationally, for the purpose of completely solving the uric acid by the formation of the freely soluble urate of lithia, and its consequent complete elimination by both kidneys and intestines. Concerning the physiological action of thialion, it has been found that in addition to its important solvent and hydragogue properties, it has a marked effect in reducing arterial tension, a condition always present in the paroxysms of true bronchial asthma.

Dr. Isaac J. Jones (*Southern Practitioner*, June, 1899), of Texas, who has had the medical care of a large number of chronic asthmatics, rheumatics and sufferers from migraine during a four years' service at the Confederate Soldiers' Home in the city of Austin, and who has had an unusually wide experience in the treatment of these diseases with various salts designated to neutralize

the uric acid poison and favor its elimination from the system—states that it was not until he began the use of thialion that the results of his treatment of these cases became at all satisfactory. The virtue of the salt in these conditions, he believes, is due not only to its possessing the well-known solvent properties and diuretic action of lithia, but also to the fact of it being an efficient and pleasant laxative, increasing the flow of bile in a marked manner, and, in consequence of its hydragogue properties, relieving any indicanuria that may exist. After using the drug upon himself with good results, Dr. Jones prescribed it altogether in his practice, and among other interesting cases, reports the following:

“D. C., male, aged 68 years, was for years a sufferer from rheumatism, being blind from iritis, probably of rheumatic origin. Some years ago the rheumatism disappeared, only to be replaced by bronchial asthma of severe type. I exhausted every resource of the pharmacopeia upon this patient, having him under my constant care in the hospital for four years. The only success that rewarded my efforts was that I found that I could abort his paroxysms with a mixture containing a half grain of codein sulph. and fifteen minims aromatic spirit of ammonia to the dose. I gave him thialion in the usual dose for sixty days and discontinued it. He has not had a paroxysm of asthma since. There is no symptom of his disease remaining except a slight bronchial discharge, easily coughed away. He has gained fifteen pounds in weight.

“J. F. D., aged 72, male. Old case of bronchial asthma, with much emphysema and chronic bronchial catarrh. He was also under my care for four years. His respiration, at all times difficult, passed to a state of extreme dyspnea during his paroxysms, pitiable to see. These paroxysms occurred twice a week as a rule, but he was never able to sleep more than an hour or two consecutively at any time. His condition was aggravated by the least exposure, and by sudden changes in the atmosphere or humidity. I gave the thialion in the usual dose, and continued it for sixty days. He has had none of the severe paroxysms since. Respiration, while still somewhat difficult, is uniform and so much improved that he sleeps normally. In fact, after two months' observation, I think I can safely say that his asthma is cured, and were it not for the structural conditions engendered by it he would be well.”

Dr. L. H. Watson, of Chicago, in an article entitled "Uric Acid as a Cause of Asthma," published in the *Southern Medical Record*, February, 1899, states that he has also used this form of the lithia salt in asthmatic cases of long standing, and has met success beyond his most sanguine expectations. He appends in his report the following two typical cases:

"Miss L., a maiden lady, 50 years of age, a long sufferer from hay fever, which usually begins in August and lasts until the first frost. In November, 1898, she suffered from persistent asthmatic attacks, which were supposed to be due to hay fever. Obtaining only small relief from all the usual remedies she placed herself under the care of a specialist, who proceeded to cauterize and burn out the redundant nasal mucosæ, which seemed to be the irritating cause of her attacks. The asthma continuing, she came under my care. Discovering her to be a confirmed dyspeptic, I first attended to her diet and placed her upon thialion. In a couple of weeks relief came, and in six weeks after the treatment was commenced she had no further attack.

"The second case was that of an old asthmatic, Mr. K., who was also an old dyspeptic. Winter and summer, this gentleman, who possessed a large amount of this world's goods, was constantly using Himrod's pastilles and cursing his fate. Thialion combined with treatment directed to get his stomach in fair condition has so relieved him that I cannot persuade him to stop its use. He takes it constantly every morning in hot water, and while he wheezes a little now and then when he has been indiscreet at table, he is practically well."

On hearing of the treatment above described and the successful results attending it in the hands of these two physicians, and being familiar with the action of thialion in certain cases of uric acid diathesis, the writer determined to adopt the same method of treatment in the following case, which had hitherto baffled every attempt to afford substantial relief.

Fred. K., German-American, aged 45, barber by trade, has been a sufferer from spasmodic asthma for the past fifteen years, during the last two of which the asthma has alternated quite regularly with muscular rheumatism. The asthmatic paroxysms have often lasted two or three days, confining the patient to the house. Usually, however, they have occurred during the night, lasting about an hour, during which time it would be impossible

for the patient to remain in bed, his dyspnea at times being so great that the physician was frequently sent for. Until March of the present year the usual alkaline preventive treatment was adopted, consisting of iodide of potash, Gardner's syrup of hydriotic acid, etc., with inhalations of nitrate of amyl, burning nitre paper or stramonium leaves, during the paroxysms, the patient hying away to the White Mountains an occasional summer. Under this procedure partial relief would ensue for a short time, when the disease would again appear, disappear, and again appear, until patient and physician had become discouraged, both regarding the case as incurable.

At the beginning of March, 1899, the above method of treatment was entirely abandoned, and the patient put upon thialion and instructed as to his diet, strongly nitrogenous food being interdicted. The first day a teaspoonful was given in a cup of hot water every three hours until free catharsis supervened, after which the same dose was given only once a day—every morning upon rising. This was continued pretty regularly for nearly two months, the patient being told to skip the medicine for a day or two whenever the litmus paper indicated alkaline urine, the object being to keep the latter at or about the neutral point. In regard to the results obtained by this simple method of treatment, it is perhaps well to note that the patient deemed himself cured at the end of the first month; since which time he has suffered no attacks, either of asthma or rheumatism. His general bodily health is now much improved, an irritable temper has given way to a more amiable disposition, and his nights are devoted to securing the rest and sleep of which his system has been so long deprived. Though after the lapse of twelve weeks, it may, perhaps, be considered too early to declare this patient cured; yet, if proper attention be paid to the condition of the urine, preventing any collection of uric acid by timely dosage with thialion, the writer of this article is satisfied that the patient may be promised immunity from any further attacks of his old complaint.

CONTAGION AND THE COMMUNION CUP.

BY ALBERT S. ASHMEAD, M.D., NEW YORK.

It has been said that the Lord extended miraculous protection over the communion cup in Protestant churches. In opposition to this absolutely unjustified, unproved affirmation, I wrote to the *New York Sun* August 20th, 1894, as follows:

"The last time I knelt at the communion altar of the Episcopal church there knelt at one side of me a patient whom I knew, as I was treating him at the time, to be a syphilitic; his mouth had mucous patches, which make the disease especially contagious. This person took the cup before it came to me. Of course, I let the cup pass.

"At another time the person next to me, but following me in the use of the cup, was also a patient of mine, in an advanced stage of tuberculosis. The mouth of this person was in a condition dangerous to his neighbor.

"Of course, no man who is not a complete survival of the Middle Ages can assert that, under these circumstances, a man (if he knew) should apply his lips to a probably dangerously contaminated cup, trusting in the protection of the Lord, who has allowed hundreds, a hundred times, to perish in burning or earth-shaken churches, while they were in the very act of worshipping Him."

This passage was afterwards quoted by Dr. Shrady in the *Medical Record* September 1st, 1894, and he made the following remarks in an editorial:

"The fact of danger is indisputable, and the conclusion for safety is irresistible. We are confident that it is only a question of time when, as the *Sun* says, all churches will be compelled to imitate the Rochester example."

The question was raised in the daily papers whether a syphilitic would appear at the communion table. Now, is there a man not entirely a religious maniac who is not convinced that not only syphilitics, but *murderers* and *thieves* occasionally appear there? I wrote to Dr. Dunglison (*College and Clinical Record*, December 15th, 1894) as follows: "I referred to the number of your journal September 15th, in the Academy of Medicine Library, and read your editorial, in which you quote my remarks about the communion cup. I have been criticised in the daily papers for my statement that a syphilitic appeared at the communion table.

In the popular mind all syphilitics are in every respect, and to the very core of their being, immoral, and shun the society of good people. Even the idea that some of them might add to the sum of their wickedness, hypocrisy, even that simple obvious idea did not occur to these critics. The church at which I knelt at the altar with these diseased persons is an Episcopal mission church, and with whom should such a church have more usual dealing than with sinners of all kinds? It did not strike them either, or rather they did not know, that syphilis may afflict many moral and mentally pure persons, who may have caught it by contact with some tainted object.

“As to the tuberculous, we have them always with us, in our most moral and devout congregations.

“But of course it is the business of the clergy to stand for their cup, *envers et contre tous*.”

As to the use of individual cups, the New York *Christian Advocate* makes the following remarks:

“A trade which has recently sprung into life is in our judgment an attempt to make ‘gain of godliness.’ We refer to the traffic in ‘individual cups’ for the Lord’s supper. Enterprising manufacturers, with an ‘eye to the main chance,’ have taken advantage of the scare of certain fashionable church circles, growing out of the discovery of ‘microbes,’ or disease germs, on the rim of the cup, containing the communion wine, and are offering for sale very small glasses in which the wine can be passed separately to the communicants. When the scientist peered through his microscope and discovered the poisonous germs, and proclaimed danger, business right at once saw a chance of revenue, and ‘individual cups’ are on the market, or may be manufactured to order on short notice. Philanthropy does not prompt this trade—it is a *sanitary measure* for the money that is in it. The whole thing is ridiculous. We do not blame the trade; it is their business to meet demand; to create it, if possible; but it is only a ‘fad,’ the outgrowth of a fear. The scare is a clear case of running before getting hurt, and this makes the craze for ‘individual cups’ too silly to be followed by sensible and religious people. Admitting the possibility of danger, no well authenticated case of a contagious or infectious disease has been traced to the single cup as far as we have heard or read. And religious people who love and appreciate the communion of saints ought

to be the very last to give countenance to that which at one stroke destroys, if not the essence, takes away at least the semblance of Christian communion."

What can we say to that? Is a traffic which may save human lives godless? Suppose that business takes hold of the advantage which a natural fear offers it, is not that better than contagion and death? As to the assertion that no disease has ever been traced back to the communion cup, it is a positive fact that an outbreak of diphtheria has been traced to the communion table; that wholesale aconite poisoning has been caused by the wine itself. How many victims must there be before the *Christian Advocate* admits the danger? As I wrote to Dr. Dunglison: "It is almost an incomprehensible phenomenon, that there are people not in a lunatic asylum, who consider an arrangement by which human lives are saved as a *godless* endeavor." Religion is a great blessing; but how much nonsense and foolishness are sheltered under its wings.

International Congress of Medical Electrology and Radiology.—At the request of the French Society of Electrotherapy and Radiology, the International Congress of Medical Electrology and Radiology, the initiative of which it has taken, is connected to the International Congress of 1900.

A commission, which is composed of: Messrs. Weiss, Professor at the University of Paris, President; Apostoli and Oudin, Vice-Presidents; Doumer, Professor at the University of Lille, General Secretary; Montier, Secretary; Boisseau du Rocher, Treasurer; and of Messrs. Bergonié, Professor at the University of Bordeaux; Bouchacourt; Branly, Professor at the Catholic Institute of Paris; Larat; Radiguet; Villemin, Surgeon of the Hospitals of Paris—has been asked to assure its organization.

This Congress will take place in Paris, from the 27th of July to the 1st of August, 1900.

All inquiries for further information must be forwarded to Prof. E. Doumer, General Secretary, 57 Rue Nicholas-Leblanc, Lille.

Adhesions are to be sent to Dr. Montier, 11 Rue de Meromesnil, Paris.

The General Secretary,

PROF. E. DOUMER.

ST. LOUIS

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EDITORIAL.

THE TAX ON ALCOHOL.

By Section 61 of the general revenue law, enacted August 28, 1894, Congress provided that:

Any manufacture finding it necessary to use alcohol in the arts, or in any medicinal or other like compound, may use the same under regulations to be prescribed by the Secretary of the Treasury, and on satisfying the collector of internal revenue for the district wherein he resides or carries on business that he has complied with such regulations and has used such alcohol therein, and exhibiting and delivering up the stamps which show that a tax has been paid thereon, shall be entitled to receive from the Treasury of the United States a rebate or repayment of said tax so paid.

Under this law the Secretary of the Treasury was required to issue regulations for the use of alcohol in the arts or in medicinal preparations. Upon such use of alcohol manufacturers who delivered up the stamps showing that a tax had been paid were to receive from the Treasury of the United States a rebate of the amount of such tax. The Secretary of the Treasury refused to

execute the law, claiming that no appropriation had been made for the specific purpose of enforcing the regulations. The manufacturers who had in good faith used alcohol for the purposes specified in the law thereupon brought suit in the United States Courts to recover the rebates to which they were entitled. A test case was submitted, and in due course of time it reached the Supreme Court. This august tribunal decided by a bare majority (four Justices dissenting) that the Secretary had discretionary powers either to enforce the law or to dispense with its provisions, as he might see fit. In other words, he was placed higher than the law, which, to say the least, was perfectly absurd, as it made the law discretionary. And yet in analogous cases the Supreme Court has decided that laws worded in the same manner are mandatory.

As the intent of Congress which passed the law has not been complied with, it becomes clearly its duty to legislate in such a manner as to carry out the original purpose and to make it clearly mandatory. Our readers will naturally inquire as to the reason they should take an interest in this matter, but if they will stop to consider but for a moment they will readily understand how the question vitally affects them.

The manufacturers of pharmaceutical products have been heavy losers through the peculiar decision of the Supreme Court, and, as they acted in good faith with their patrons, they had to pocket these losses. They acted in good faith, having perfect confidence in the integrity of the Government, and Congressman Russell in an effort to restore that confidence introduced a bill to enable manufacturers to recover the money due them as rebate. As the *New York Times* has pertinently observed: "Simple justice and decency, as well as self-respect, demand that Congress shall pass the Russell bill declaring that the failure of the Secretary to prescribe regulations shall not operate as a defense to suits brought against the United States to recover the amount of the rebate. Up to the time of the repeal of the section, in June, 1896, about six million dollars was paid into the treasury subject to the provision for repayment. That money belongs to the persons who paid the tax."

Physicians should take up this matter and urge their Congressmen to vote for the bill. It is only a matter of right, and to refuse to pass it would practically be confiscation.

ASEPTIC VACCINE.

Among the more important minor operations vaccination deservedly holds a most prominent position. It is not the simple matter which every fool imagines it to be. Unsuccessful vaccinations cannot be attributed to bad virus in every case. The method or rather want of method used is more often responsible. Again the bad effects often observed are due to the virus employed. It is a notorious fact that every Tom, Dick, and Harry appoints himself a vaccinator, and all the ignorant midwives and grannies, to whom a nail cleaner is a mystery and soap a luxury, are ever ready to proffer their services as vaccinators in ordinary for all the infants they may see. This leads us to the question in consideration. How is it to be possible to secure safe and successful vaccination? In the first place it is absolutely necessary to have the proper kind of vaccine. As vaccination is but too often done now, the points are loaded with pathogenic bacteria, the lymph is frequently mixed with blood or pus, or both, and the result is naturally disastrous. This unfavorable state of affairs has been known for quite some time, and led to the introduction of glycerinated lymph. This, however, was not ideal, and it remained for Messrs. Parke, Davis & Co. to make aseptic vaccine. By carefully testing a sample of each batch before placing it on the market, they can safely guarantee the aseptic quality of each tube of glycerinated lymph issued by them.

The time is upon us now when small-pox threatens. Numerous communities have had small epidemics, and it is the duty of the profession to vaccinate all who are unprotected. In this connection it may not be inadmissible to give some hints on the proper method of vaccination—what to do and what not to do.

HOW TO SECURE SAFE AND SUCCESSFUL VACCINATION.

A number of methods have been used in vaccinating, the following being one of the simplest and most successful:

Cleanse the site of inoculation with soap and water, and carefully dry.

(Do not use bichloride solution, carbolic acid, or any other disinfectant, unless there are special reasons for doing so—in which case all traces of such disinfectant should be removed with sterilized water before vaccinating.)

Take the small rubber bulb in the left hand, with the neck of the bulb pointing to the left. One of the sealed glass tubes held in the right hand is inserted into the opening in the top or rounded

end of the bulb, and, with a slight rotary motion, pushed through until the bulb is impaled and resting at about the center of the tube. The end of the tube to the right is then broken off and the tube pushed on through until the open end is well within the cavity of the bulb. Now break off the other end of the tube, and lay the tube aside until the site is scarified.

Scarify a single small area—say about one-quarter or one-third of an inch in diameter—using for this purpose almost any sterile steel instrument, such as a needle, scalpel, or one of the many instruments especially designed for this work.

To apply the vaccine, hold the bulb between the thumb and second finger, the tip of the index finger covering the air-hole at the top, when slight pressure upon the bulb will force the vaccine out upon the scarified area. The vaccine should then be rubbed in thoroughly with the flat side of the instrument, with an *occasional slight scratching or pricking with the point*, in order to facilitate penetration and absorption.

Ample time should be given for the lymph to dry, and the clothing should never be replaced until the site presents a glazed or varnished appearance. No dressing is required except in cases where very rough or dirty under-garments are worn, and then a piece of clean, soft linen or cotton is the most suitable.

A FEW DON'TS FOR THE OPERATOR.

1. *Don't prepare the site by washing with antiseptic solutions.* Or if this is thought necessary—
2. Don't fail to rinse thoroughly with sterilized (boiled) water, and dry.
3. *Don't draw blood if you can help it. A gentle oozing of serum gives much better results.*
4. Don't fail to rub the vaccine thoroughly and persistently into the abrasion.
5. Don't replace the clothing until the vaccine is thoroughly dry.
6. Don't apply antiseptic dressings. (Many of our most successful vaccinators never use any dressing except in cases where there is danger of infection from the environment or uncleanness of the patient.)
7. Don't expose vaccine to extremes of temperature. High temperatures spoil it.
8. Don't expect to find a swollen arm, indurated glands, high fever and a suppurating ulcer—these belong to the old-fashioned means and methods of vaccinating.
9. Don't accept the word of the patient or parent as to the success or failure of the process. Examine the case yourself, and if you find a typical vesicle—or the remains of one or more that may have been ruptured and emptied—assure the patient that he is protected against small-pox.

10. Don't be in a hurry about passing judgment upon a "take." Sometimes the vesicles are delayed in their development.

With these directions strictly followed there can exist no reason why every vaccination should not be a success.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The meeting of the National Association should be a large and successful one this year. There are several reasons for this assertion. This will be the last meeting held in this century and we have no doubt that every effort will be made to close it fittingly. The wonderful progress made in the last generation has built a structure which must certainly be crowned with the best portion during the last year and be left in a blaze of glory which will illumine the coming generations of medical men for centuries, if it be within the range of human power to achieve such a consummation. Another reason why the meeting should be a great success lies in the fact that it will be held at Atlantic City, New Jersey, upon the Eastern seaboard. This will, beyond a doubt, induce a large majority of the profession in the East to join, not only as mere lookers-on in Venice, but as participants in the scientific proceedings. With such an array of talent much is to be expected and will no doubt be realized.

A factor which will also have some degree of influence in swelling the attendance will be the fact that the International Medical Congress will meet in Paris after the Association adjourns in Atlantic City. Those who are going to attend the Congress will take the opportunity to be present at the meeting of the American Medical Association, being thus enabled to secure the benefits of both without incurring the double cost of transportation. In addition to this they will be enabled to take advantage of a week's rest at a delightful summer resort preparatory to the long ocean voyage which will follow. As all our readers know, the meeting of the Association will occur on June 5 to 8, inclusive, and we allude to the subject this early in order to call the matter to the attention of all, so that they may make their preparations in time and not miss an opportunity to attend one of the grandest meetings of the Association which has been held for years.

A matter which is not wholly secondary is that of transportation, and it is always an object of solicitude to physicians to have

rapid, safe, and pleasant routes by which they can reach their destination. The one which is perhaps superior to any other is the B. & O. Southwestern, which, since the improvements made in its construction, has none better than it running east. All those contemplating attending the meeting of the American Medical Association should have this road in mind, and they will find that it is prepared to furnish them all the luxuries of travel at a minimum rate of cost.

THE MEETING OF THE STATE MEDICAL ASSOCIATION.

We have been assured that the officers of the State Association are going to make strong efforts to make the meeting of this year, which will be held at Mexico, Mo., one of more than ordinary interest; the date of the meeting will be May 15, 16 and 17, and at this time of the spring Mexico is more than ordinarily attractive. There have been many improvements made in this attractive little city since the Association last met there, in 1881. This was certainly a most successful meeting, and there cannot exist any reason why the coming one may not be more so. It is one at which not the least interesting part will be concerned with medical legislation and medical matters in general of a more or less ethical nature. At least such has been foreshadowed by members very active in the affairs of the Association. St. Louis and Kansas City will be represented by large delegations, and from present indications all the smaller cities will send their full quota.

So far as the scientific programme is concerned, it will no doubt be one overflowing with good papers. The Association usually has its time fully occupied with the reading of papers and discussions thereon, and this year will certainly form no exception to the rule. One thing which should certainly be done is to dispense with long discussions on matters pertaining to ethics, and have them considered in committee, which could report and the Association take action on such report, thus avoiding profitless and interminable discussions. We are informed that many important matters will come up, and this should certainly draw out a large attendance. And we have no doubt but what it will. Mexico has a location which is accessible from all parts of the State, and this should prove another reason for the presence of a large number of members.

AN INTERESTING DOCUMENT.

We have recently received from the Farbenfabriken of Elberfeld Co. a booklet which should prove of more than ordinary interest to all physicians. It contains the decisions of the courts of highest resort in the matter involving the sale of phenacetin or its substitutes. There is but one genuine phenacetin made, and that is manufactured by the Farbenfabriken vorm Fr. Bayer & Co., located in Elberfeld, Germany, whose American agents are the company whose name is given above. It will be found, from a perusal of the document before us, that acetanilid is made to masquerade for phenacetin, and all sorts of substitutes and imperfectly made compounds are foisted upon physicians by unscrupulous druggists who buy these products cheap from irresponsible individuals whose chief habitat is Canada. The evil effects this produces in a physician's practice may be easily surmised. Whilst the American agents have left no stone unturned to secure the conviction of these purveyors of spurious goods, some proportion will find its way on the shelves of the dispensing druggist who is alert for any small gain. It is not phenacetin alone which has suffered at the hands of the pharmaceutical pirates; but trional, sulfonal, and aristol, have also been included in the list of drugs the subject of their nefarious traffic. There is but one remedy left for the physician to protect himself. Let him examine the original packages of these drugs, which the druggist employs, and thus be convinced of their genuineness. It may be some little trouble, but the excellent results which will be derived from their use will more than repay the little extra labor.

For Sale.—Eye, Ear, Nose and Throat Practice, including books, instruments and office furniture, in a growing Texas city of 12,000 inhabitants, and surrounded by a good country. No other specialist within a hundred miles. Good reasons for selling. A splendid opportunity for a specialist or a general practitioner who would like to do both special and general practice. Address Dr. H., in care ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

MEDICAL PROGRESS.

MEDICINE.

Vaccination.—A most amusing absurdity threatens to occur in a town *not far* from Cleveland. The health-officer of the town has been so unfortunate as to experience a large proportion of unsuccessful vaccinations. He attributes this to the poor quality of the virus that he has employed, although other physicians in the same town, using the same make of virus bought from the same drug stores, have experienced successful results. In order to show his authority, his contempt for the opinion of his professional brothers, and his detestation of the fraud that he alleges has been practiced upon him, he now asserts that he will sue for damages the druggists who sold the virus, and that he will compute damages at the rate of 75 cents for every unsuccessful vaccination. Beyond making himself additionally ridiculous, it is difficult to see any result that he may achieve from this procedure.

Vaccine is a perishable commodity, and care in its employment is imperatively demanded if successful results are usually to be attained. Experience suggests that probably a vaccination may fail in a susceptible subject, if the area of operation is cleaned with a strong antiseptic, for the virus will not stand contact with an antiseptic. Many failures are also due to lack of care in storing the vaccine in the drug store. The glycerinated virus, which is undoubtedly the best, should always be stored in a cool place, for even at so moderate a temperature as 70° F. it may become spoiled. Then, of course, the virus must be fresh, as it deteriorates with time. Another possible source of failure to secure a positive result from vaccination lies in the method of dressing the wound immediately after the operation. Undoubtedly an antiseptic dressing applied too soon may destroy the activity of the virus. Yet the glycerin is so slow in drying that the operation would be made too tedious by waiting until the virus had dried in sufficiently to warrant the application of a protective dressing.

The safest technique for vaccination seems to be about as follows: Scrub the arm thoroughly with soap, brush and hot water; dry it with a clean towel; then wash the skin with alcohol or

ether; after applying the virus to the wound, place around it a perforated piece of one-quarter inch gummed felting that will keep from contact with the wound the overlying surgical dressing. As this ring is not usually very comfortable, it may be removed in a few hours, and the vaccination wound simply covered with a clean protective dressing. With this technique, and with vaccine from a reliable laboratory, not many failures will occur among susceptible cases.—*Cleveland Journal of Medicine*.

Malarial Fevers.—In cases of malarial fevers in which quinine is not well tolerated, or is objected to for other reasons, it is interesting to note that quinalgen is proving a decided acquisition to the treatment. Professor G. Scognamiglio (*Die Heilkunde*) has reported very promising results from this preparation in cases of malarial fevers, and even those of virulent type, such as are frequently met with in the marshy districts of Italy. The drug was given in daily doses of 30 to 50 grains. Microscopical examinations showed that under the use of quinalgen the malarial organisms underwent destruction. Scognamiglio's clinical observations have been confirmed by Drs. Loti and Colotti, Professors Raimondi and Ciulini, and, more recently, by Dr. Servess (*Medical Council*). Further experiments in this direction are fully justified, in view of the satisfactory results already obtained.

Indications for the Use of Saline Infusions.—Dr. Thomas F. Reilly, in a paper read before the New York State Medical Association (*New York Medical Record*), in summarizing, gives the following general indications for the use of saline infusions:

(1) In all cases of severe hemorrhage, whether external or internal.

(2) In shock, both simple and post-operative, it fulfills all indications.

(3) In all toxemic conditions, and here it should follow venesection. Indeed, no agent thus far is compared with it in efficacy in uremic and septic conditions.

(4) In cases of poisoning due to vegetable or mineral substances.

(5) In any pathologic state attended with feeble pulse, due to diminished arterial pressure.

(6) As a last resort in cases of imminent death from any cause of an accidental nature.

Diabetic Gangrene.—Diabetic gangrene forms the subject of an extremely valuable and interesting article by Gussenbauer in the *Wiener klin. Wochenschrift*. He points out that the interference with the nutrition of the tissues caused by diabetes cannot be accused as the most important factor in the causation of gangrene, since the disease often runs its course without any necrotic phenomena appearing; it rarely or never appears in those under forty years of age, unless some serious lesion to the vascular system is present. The most marked surgical feature in the case of diabetics is the ease with which infective phenomena show themselves, and the gravity of the symptoms that they give rise to. It is a well-known fact that boils and carbuncles frequently attack this type of patient, so much so that it is an established rule of practice to examine the urine carefully in every case of carbuncle. Let a condition of lowered vitality of the tissues be added to this as a result of chronic endarteritis, and it is almost certain that an infective lesion of a peripheral portion of the body will lead to gangrene. In accordance with this idea, it is found that the tissue necrosis in diabetes usually starts, not at the extremity of a toe, but frequently by the margin of a nail, or from cutting of or injury to a corn. In elderly patients the gangrene may be of the dry type, but this is not invariably the case. The patients are always liable to suffer considerably from general toxic disturbances. Gussenbauer points out that the recognition of the part played by infective processes has considerably modified the line of treatment that ought to be adopted. In former days expectant measures were alone relied on, and the effects were anything but satisfactory. Looking, however, to the excellent results that follow the energetic surgical treatment of carbuncles, even when of large size, it is evident that active measures may also be employed for diabetic gangrene. In a few cases, where the gangrene is in the incipient stage and one has rather to deal with cellulitis than with extensive tissue necrosis, free incisions and the employment of the hot water bath for hours at a stretch may suffice for a cure; if, however, the damage has been more extensive, the chief attention of the surgeon must be directed to the condition of the main blood-vessels. When the foot is affected, if pulsation can be readily detected below the knee, it will often suffice to limit the amputation to the tissues which are actually inflamed, granting that there is no

lymphangitis or phlebitis present; should, however, the pulsation of the popliteal be imperceptible, or the inflammatory phenomena be more extensive, then a high amputation above the knee should be undertaken. Of course, the patient runs a certain risk of developing diabetic coma after such a proceeding, but there can be no question that it is the correct line of treatment to follow. Gussenbauer relates cases to establish the truth of these different points, which demand careful attention, although they are not especially novel.—*Practitioner*.

THERAPEUTICS.

Uses of Chloroform Water. — According to Pouchet, chloroform water is not only an agreeable adjuvant in sleeping potions and the like, but because of its antiseptic qualities is well adapted for the preservation of alkaloids in solution for hypodermic use. It has an analgesic effect on the gastro-intestinal mucosa, and may be looked upon as a mild intestinal antiseptic. Pouchet gives the following formulæ:

℞ Morphinæ hydrochlor.....	gr. $\frac{1}{6}$
Aq. chloroformi sat.....	℥j.
Aq. aurantii fl.....	℥j.
Syr. simpl.....	℥ss.

M.

Sig. Take one-half as sleeping potion.

℞ Potassii brom.....	℥ss—℥j.
Aq. chloroformi dil.....	℥iij.
Aq. aurantii fl.....	℥j.
Syr. simpl.....	℥v.

M.

Sig. Dose as directed.

Dilute chloroform water is prepared by mixing the saturated solution with an equal quantity of distilled water.—*Med. News*.

Syphilitic Anemia.—In the anemia of syphilitics Grabower prescribes the following:

℞ Potass. iodidi.....	30 grammes.
Ferri cit. ammoniat.....	4 grammes.
Tinct. nuc. vomici.....	8 grammes.
Aq. distillat.....	30 grammes.
Tinct. cinchonæ comp.....	q. s ad. 120 grammes.

M.

Sig. Two to four teaspoonfuls in water daily.

Of the many new drugs which are from time to time brought before the profession, some of which unfortunately are of little

value, urotropin as a urinary antiseptic appears to be of great utility. Nicolaier, Kelly and Wilcox have all reported much benefit from its use in cystitis and as a uric acid solvent. It may, therefore, be of some interest to record the results of treatment by it of gleet caused by posterior urethral troubles.—*Bulletin*, Cleveland.

Huchard's Pills for Jaundice.—The *Riforma medica* gives the formula as follows:

- ℞ Resin of podophyllum,
 Extract of hyoscyamus,
 Medicinal soap..... āā gr. ivss.
 Extract of rhubarb gr. xv.
 M. Ft. massa in pil. No. x div.
 Sig. One or two daily.

—*N. Y. Med. Jour.*

A Collutory for Painful Dentition.—The *Gazetta degli ospedali e delle cliniche* gives this formula:

- ℞ Citric acid,
 Distilled water..... āā 2,250 gr.
 Cocaine hydrochloride 1½ gr.
 Syrup 300 gr.
 Tincture of vanilla 12 drops.

M.

Sig. To be rubbed on the gums.

—*N. Y. Med. Jour.*

Arthritic Diathesis.—For patients who manifest irregular symptoms of arthritic diathesis, Professor Lyman favors some such combination as:

- ℞ Potassii iodidi,
 Guaiaci resinæ Gr āā gr. iij
 Colchicinæ gr. ⅓
 Digitalini gr. ⅓

Sig. As single dose.

—*Medical Standard.*

Trade Dermatitis.—The many cases of trade dermatitis that have appeared in our dermatological clinic have shown marked benefit derived from treatment as follows:

Simple protective and astringent lotion for the face:

- ℞ Zinci oxidi 3ij.
 Glycerini 3ij.
 Acidi carbolici..... 3ss.
 Aquæ calcis 3iv.

M.

Sig. Shake well, and apply to affected parts of the face as a protective.

For the hands:

R. Liquor calcis,
Olei olivæ.....āā ʒj.

M.

Sig. Application for hands.

In conjunction with this give blue pills at night.—*Medical Standard.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Some Unusual Symptoms of Iodism.—Danlos recently reported some unusual cases of iodism at a meeting of the Société Médicale des Hôpitaux, Paris. A patient, male, aged 60, who had been placed upon a course of iodides, $7\frac{1}{2}$ grains one day and twice this amount the succeeding day, was suddenly seized with coryza, accompanied by a disagreeable taste in the mouth and a symmetrical swelling which appeared above the hyoid bone, not extending quite to the parotid gland. There was no pain, but palpation revealed some tenderness. The submaxillary glands were also enlarged and tender, but there was no edema. These symptoms disappeared when the iodide was discontinued. Subsequent attempts to administer iodide produced a recurrence of these conditions. The other case reported was that of a patient with syphilis, who was placed upon iodide, 45 grains per day. At the end of ten days' treatment a severe eruption occurred, accompanied by itching, erythema and bullæ, which persisted long after the discontinuance of the drug. The itching became so violent that after twelve days the patient was unable to sleep. The eruption being persistent, the patient was put at the end of six weeks upon sodium arsenite, which relieved this dermatitis herpetiformis in ten days. The eruption was extensive, occurring upon all parts of the body.—*Bulletin Cleveland General Hospital.*

Rupture of the Perineum in Coitus.—K. K. Skrobanski reports (*Vratch*) the case of a healthy peasant woman, 22 years of age, who suffered a rupture of the perineum during the first attempt at coitus on her wedding night. The tear was about 2 cm. in depth and did not involve the anus. The wound was washed out and tamponed with iodoform gauze. Four days later the wound was nearly healed, and the patient was allowed to return home, but was cautioned not to permit coitus for some

time. She did not return, and when hunted up a week later was found to have disregarded the injunction of abstinence, but with no evil results. The author reviews the literature of this accident, and finds records of twenty-two cases collected by Neugebauer.—*Med. Rec.*

Earth Eating.—Baccarani (*Gazetta degli ospedali; British Med. Jour.*) records three cases of earth eating. The first was in a young man, aged 21, who from childhood had been in the habit of eating dust and earth. The second in a girl of 17, who had been in the habit of doing the same thing since birth. In each of these two cases there was an enlargement of the liver and spleen, a backward intellectual condition, diarrhea, alternating with constipation, vague abdominal pains, anemia, etc. The third patient was a girl, aged 10, whose habit was to eat charcoal on every possible opportunity. In this case the habit seemed inherited, as the father was a charcoal eater. The habit is probably a cause of the dyspeptic disturbances which frequently arise, and the fact that the charcoal eater displayed many of the signs and symptoms of the earth eater seems to weaken the theory that they are due to parasites or germs taken in with the earth, as these would not be so likely to be included in charcoal dust.—*N. Y. Med. Jour.*

The Experimental Production of Tumors.—Dr. H. Pierce Clark, of the Craig Colony for Epileptics, writes to us as follows: The mystery surrounding the etiology of neoplastic growths is still far from being settled. Experimental investigation has been particularly active within the past two years. Studies upon the behavior of tissue implantation in animals have not as yet yielded all its possibilities. In this connection it is very interesting to note the series of experiments performed by A. Birch-Herschfeld and Siegfried Garton upon the implantation of embryonic cells in adult animals, the results of which are published in the *Beiträge zur pathologische Anatomie und zur allgemeine Pathologie*, July, 1899. These authors report the tumorlike formation of cartilaginous tissue in the lungs and liver after the implantation of embryos in these organs in goats, rabbits, and hens. In one experiment of implantation in a hen, they found after a few weeks tissue closely resembling adenoid. Although much was found by simple implantation, yet these exper-

iments were especially rich in findings in which some mechanical irritation was additionally applied. This new cell formation in the majority of the experiments was more or less rapidly encapsulated by the healthy surrounding tissue, and the resorption took place soon, illustrating in a striking manner how foreign to truly healthy tissue neoplastic growth as such really is.

It is very suggestive to note that in two rabbits injected with nearly full-time embryo tissue there were produced merely atrophy and local death of surrounding liver tissue. After injecting four salamanders with pieces of larvæ, a rather large piece of cartilage was found on the surface of the liver in one salamander after forty-one days, while in the three others the results were negative.

Notwithstanding the experiments of these authors are inconclusive and not exhaustive, they are decidedly interesting and suggestive. It would be profitable to know the results of similar experiments upon a complete series of injected embryo tissue of definite ages, with, in addition, the employment of different degrees and forms of irritation of the injected organs.—*N. Y. Med. Jour.*

DISEASES OF WOMEN AND CHILDREN.

The Treatment of Amenorrhea.—The following is culled from the *Journal of the American Medical Association*:

The following formula may be employed, particularly if there is debility and anemia:

℞ Hydrargyri bichloridi,
Sodii arsenitis,
Strychninæ sulphatis.....āā gr. j.
Potassii carbonatis,
Ferri sulphatis..... āā gr. xxx.
M. Divide in pil No. lx.
Sig. One after each meal.

In other cases it is well to give in place of this pill one of the following:

℞ Ferri arsenitis gr. ij.
Extracti nucis vomicæ..... gr. xv.
Manganæ. sulphatis..... ʒj.
M. Divide in pil No. lx.
Sig. One after each meal.

If there is reason to believe that the amenorrhea depends on constipation, the following may be prescribed:

R Ferri carbonatis,
Ammoniaci,
Aloes āā 3j.
Syrupi, q. s.

M. Divide in pil No. 50.

Sig. Give one or two a day after meal.

If there is obesity, the physician must insist upon the use of purgatives in addition to the emmenagogues. A useful formula under these circumstances is as follows:

R Aloes gr. xv.
Rue,
Savin,
Saffron āā gr. v.

M. Make into 10 cachets, and give one twice or thrice a day.

—LUSTAUD, *Consultations sur les Maladies des Femmes*.

The following prescriptions are recommended for amenorrhea:

R Tinct. ferri chloridi 3ij
Tinct. cantharidis 3j
Tinct. gualci ammon 3xij
Tinct. aloes 3iv
Syrupi, q. s., ad 3vj

M.

Sig. Tablespoonful three times a day.

—DEWEES, *N. Eng. Med. Monthly*.

R Ferri peptonized gr. xxx.
Manganes. lactate gr. xxx.
Scammony gr. xxx.
Strychninæ sulph gr. 1/7

M. Divide in pil. No. xl.

Sig. Two to four each evening on retiring.

—LUSTAUD, *Med. Record*.

Discussion on Prophylaxis in Gynecology; the Etiology and Prevention of Uterine Disease Before Pregnancy.—At the last meeting of the Medical Society of the State of New York, Dr. W. Gill Wylie opened this discussion, taking up the special topic indicated. He said that for a young girl to develop well into a healthy young woman she must have a surplus of strength; otherwise the generative organs were almost sure to suffer. Up to the age of about 10 years girls and boys should be allowed the same freedom, and should be prevented from

undue use of the brain and the excitement incident to frequent association with older ones. He believed that the large number of women of the better class, having poorly developed generative organs, owed their defective condition very largely to the pernicious custom in this country of encouraging education and precocious maturity in young girls. The disastrous effect of such unwise early training on parturition and on the subsequent life of these individuals was clearly pointed out. Next in importance was the avoidance of habitual constipation. The deleterious influence of the customary dress of women and tendency to a sedentary life also received attention. He advised rest during the menstrual period only when pain and other symptoms indicated that this function was not strictly normal. An exception was made in the case of young girls in whom this function had not been thoroughly established. Dysmenorrhea and profuse menstruation might be successfully treated in many instances solely by removing these young girls from school, and encouraging a free out-door life and association with those younger than themselves.—*Med. Rec.*

An Undoubted Case of Superfetation.—Herz (*Medical Review of Reviews*) describes the case of a woman aged 22 years, married for the past year. Menstruated several times after marriage, but amount scanty. Menses ceased the fifth month after marriage. The time of the first menstruation after marriage was in mid-December, 1897. On September 21, 1898, the patient bore a healthy, fully-developed child. In delivering the placenta the midwife's hand encountered an object within the uterus which she believed to be a second fetus. Nothing further was expelled, however, and the patient made the usual recovery. Upon getting up the presence of a uterine tumor was readily made out. Six weeks after the birth of the first child the mother again felt life; in fact, none of her people appeared to have any doubt that a second fetus was in the womb. The health, which had unmistakably failed at the time of the actual cessation of the menses, had become strikingly worse after the birth of the first child. Herz first saw the patient on January 18, 1899 (four months after the birth of the child), diagnosticated superfetation, and proceeded expectantly. The patient, however, became worse, and died on February 10, in the ninth month of the pregnancy. Her

people made no attempt to send for medical aid, on superstitious grounds, although emptying the uterus might have saved the mother. Death occurred from suffocation. The most severe symptoms during life had been edema of legs, dyspnea, and refusal of nourishment.—*Charlotte Medical Journal*.

SURGERY.

Gelatine as a Hemostatic.—The *Deutsch. Med. Wochensch.* reports a case of almost fatal epistaxis cured by injection of a solution of gelatine. A woman, æt. 68, bled so profusely and continuously in spite of all ordinary measures, that half a litre of physiological solution had to be injected subcutaneously. The following treatment was then carried out: syringing of the nasal cavity with warm saline solution, to get rid of crusts and blood clot, then twenty to thirty grammes of warm fluid gelatine were introduced into the nose by means of a glass syringe with a wide nozzle, the *alæ nasi* being pressed upon the nozzle in order to prevent the gelatine at once running out again. After removal of the syringe, the gelatine hardened quickly, and the bleeding was arrested at once.

In the same journal a series of successful instances of the use of gelatine as a hemostatic is given by Dr. Bauermeister. He used the gelatine internally in a 10 per cent. solution in three cases of hemorrhage from the gastro-intestinal canal, and also externally in the form of a tampon soaked in gelatine, in several cases of epistaxis (in one of which plugging had been unsuccessful), in one case of profuse bleeding from the uterus, and always with prompt and good result. In only one case, a case of hemorrhage from the lungs, twenty to thirty grammes of gelatine daily failed to arrest it. The writer believes that it undoubtedly facilitates coagulation, and that when applied on the surface it can do no harm. As to its subcutaneous employment he acknowledges that not enough is as yet known of its possible danger to encourage one to make a trial.—*Med. Press*.

Permanent Dislocation of the Patella.—At a meeting of the Edinburgh Medico-Chirurgical Society, Mr. Shaw McLaren read a paper on "Permanent Dislocation of the Patella." Such cases were not common; the dislocation was usually to the outer side, the leg being everted and the anterior surface of the patella

directed externally. As a rule the affection first attracted attention after a slight injury to the knee by a fall; it was rarely congenital. In examination of the records of previous cases he found that the following conditions had been said to be associated with dislocation: 1, knock-knee; 2, dislocation at birth; 3, synovitis; 4, defective development of the external condyle; 5, mal-development of the patella; 6, permanent external rotation of the leg. In his case the patient was formerly the subject of rickets, and had well-marked genu valgum of the right leg. Both legs had been knock-kneed in childhood, but the left had spontaneously recovered. The right leg was permanently rotated outwards, and there was defective development of the external condyle of the femur, the patellar surface of the bone being narrow, the ridge on the external condyle absent, and the condyle itself abnormally rounded from side to side. He decided to operate, and did a preliminary osteotomy to connect the genu valgum. Thereafter he moored the patella by strong silk sutures to the aponeurosis of the vastus internus. The convalescence was very protracted, owing to the wasting of the rectus femoris and consequent loss of power, but in the end the patient got an absolutely useful limb, and now, four years after the operation, showed no trace of recurrence.—*Medical Press & Circular*.

Nerve Suture and Sensation.—In the French supplement to *La Grèce Médicale*, Dr. Petridis relates a case of secondary suture of the radial nerve after eighteen months, in which restoration of sensibility was practically instantaneous. The patient had been wounded by a bullet in the forearm during the recent Greco-Turkish war so severely that the surgeons proposed to amputate, and would have done so "had not the Greek troops been obliged to retire." The wound left a painful cicatrix with atrophy and ankylosis of the arm and hand, especially the thumb, index, and middle finger. There was entire loss of sensation over the region supplied by the radial nerve. After operation, while the patient was still on the table and recovering from the anesthetic, Dr. Petridis pricked with a needle the dorsal surface of the hand in a spot which had been totally anesthetic for eighteen months, and the patient at once responded. Four hours later sensation over the affected part was almost normal. The writer gives a summary of other cases in surgical literature,

showing the capricious and still unexplained manner in which sensibility returns after suture of divided nerves. Perhaps the most interesting is an observation of M. Remy in two cases of division and suture of the median, in which touching the tip of the index finger gave rise to sensation in the thumb and middle finger respectively: "This transformation of sensibility is not transitory, for I have observed it more than a year after the commencement. Paget has published a case of the same kind."—*Medical Record*.

DERMATOLOGY AND SYPHILOLOGY.

Malignant Syphilis.—In a discussion of a case of hereditary syphilis which had destroyed the nose, spine and part of the bone floor of the skull in a child of six years, Besnier recommended pushing mercurial treatment to its utmost limits, and going far beyond the normal doses. Fournier reported cases rebellious to injections of calomel and inunctions, but cured by combining the two; and Galezowsky related the case of an officer dismissed from the service on account of atrophy of the papilla of the optic nerve, who took mercurial inunctions every day for two years and recovered his sight completely. In such obstinate cases potassium iodid detracts from the benefits of the mercurial treatment and should be omitted.—*Münch Med. Woch.*

Acute Pemphigus in the Adult.—Most modern writers on the subject of pemphigus appear to regard the acute contagious form, febris bullosa, as a variety of pemphigus neonatorum, but the older ones spoke of it as affecting adults also. Dr. F. Köhler (*Deutsches Archiv. für klinische Medicin*) gives an account which seems to establish the accuracy of our predecessors, which, by the way, has always been admitted by some dermatologists of the present generation. In a place near Jena, five persons who lived in two neighboring houses—four children and an adult—were attacked with the disease. They all got well except one of the children; that one died in the clinic. In a week after the sick child's admission the nurse who had taken care of it was affected with blebs, fever, and the usual constitutional symptoms. The first bleb appeared on her face, because, as the author thinks, the dead child had caressed her face with its hands. Two days previously another Sister, who had washed the child's linen, was attacked in the same way, and the first blebs appeared

on her arm. Here, then, was a little epidemic affecting seven individuals, three of whom were adults. Staphylococci and a diplococcus were found in the contents of the dead child's blebs.

—*N. Y. Med. Jour.*

Elephantoid and Ulcerative Changes in the External Genitals and Rectums of Prostitutes.—An article by Victor Bandler in the *Archiv. f. Dermat. u. Syph.* treats of this subject. The author says that these changes are not infrequent on the person of older prostitutes; that they cannot be classed among the known diseases, and that their etiology is not at present clear. Such torpid, deep destructions, with hyperplastic new formation, attack by preference the posterior commissure, then the urethra and labia, the anus and rectum. In the latter-named situation they often lead to fistulæ and strictures; when they do not cause serious symptoms, are generally only discovered on digital examination. The author, who has observed a series of such cases in Prof. Pick's klinik, is of opinion that these changes are always due to syphilis; the favorable effect of mercury on them is in favor of this view, and also the circumstance that they can often be traced to a primary infection. But the syphilis is only the primary cause for their development; disturbances in the lymph current, traumata, and irritations also bear a part.—*Medical Press.*

ORTHOPEDIC SURGERY.

Old Elbow-Joint Dislocations.—Bunge (*Archiv. f. klin. Chir.*) emphasizes the fact that separated portions of bone often prevent reduction in cases of backward dislocation at the elbow. In seventeen cases in which operation was performed, such a fracture was wanting in only three instances. The piece which is broken off is often the epicondyle. The fragment may be the size of a pea or it may be many times as large, including a part of the trochlear surface of the humerus. It may also come from the olecranon or from the coronoid process of the ulna. The use of the X-ray has greatly aided in the location of such fragments, but it is not safe to trust to radiography alone, as often a part or the whole of the fragment does not appear in the radiograph. The commonest situations for the fragment are the anterior and posterior fossæ above the articular surface of the humerus. The presence of such a fragment may prevent reduction, and in case some time

has elapsed since the accident, strips of periosteum, which have been torn from their normal situation, may lead to the formation of new bone which will obscure the diagnosis and still further prevent reduction. Bunge advocates one or two long longitudinal incisions made over the condyles of the humerus. The first incision made should be on the outer side of the arm, as in some instances it alone will suffice. These incisions do not expose the joint as well as a transverse incision, but they have the great advantage of preserving intact the apparatus for flexion and extension of the arm. After reduction is accomplished the forearm should be put up at an oblique angle, fully pronated, since supination tends to reproduce the dislocation. In from three to five days, if the wound heals well, the surgeon should begin to make passive motions of flexion and extension in order to secure a movable joint. This plan of treatment will not give a perfect joint in every case, but the results thus far obtained are very satisfactory.—*Med. News.*

GENITO-URINARY DISEASES.

Use of the Catheter.—In the course of an article on Urethral Bougies, Catheters and Sounds, Dr. Hime Paul Heinath gives the following directions (*The Medical Standard*):

1. To wash out the anterior urethra, in examining for the presence or absence of posterior urethritis by the two-glass method. If, after cleansing of the anterior urethra, the first urine voided contains pus threads, and the second is clear, an inflammatory process is present in the posterior urethra. To wash the anterior urethra, insert catheter only as far as the bulb, and irrigate until all pus anterior to this point is removed.

2. To aid in estimating the size and the character of a prostatic hypertrophy. Increase in the antero-posterior diameter is denoted by the increased depth which the eye of the catheter has to penetrate before it finds water. Deviations of the prostatic urethra (such deviations occurring in hypertrophy of either lobe) will by deviating the point of the catheter deviate likewise its handle. Noticing this deviation will give some idea of the site and extent of enlargement.

3. For irrigation of the bladder. In cases of chronic cystitis and prostatitis, 1 or 2 ounces of 1 per cent. solution of nitrate of silver or a weak boric acid solution can be injected into the blad-

der after catheterization. Silver nitrate, boric acid, potassium permanganate and corrosive sublimate are the antiseptics most commonly used for vesical lavage. Normal salt solution can be used for vesical lavage. For washing out bladder, temperature of solution must be above 100 deg. F. Warmth is soothing and does not excite the bladder to speedy contraction.

4. In retention of urine due to urethral stricture, prostatic hypertrophy or other urethral-vesical impediment to the outflow of urine, the skillful use of the catheter is often followed by immediate relief. Use the catheter in retention produced by simple spasm, or after contusions of the urethra, to relieve vesical distention that fails to yield to simpler measures. In retention of urine, the bladder should be voided as frequently as in voluntary urination. After operations on rectum, as removal of piles, if retention of urine occurs, use catheter.

“Retention produced by simple spasm can often be relieved by the hot bath, rest and an opiate, ice in the rectum, or at once by an anesthetic and the catheter. In retention occurring after contusions of the urethra, first use the hot sitz baths, hot fomentations to the hypogastrium, morphine hypodermically, or tinctura opii per rectum. If no relief follows these, pass a catheter into the bladder.” (Keyes.)

In retention of the urine, do not at first completely void the bladder. The objection to complete emptying of the bladder is that in cases of prolonged distention of that viscus, the sudden withdrawal of all the urine is not infrequently followed by vesical hemorrhage. This accident is especially apt to occur in old men. A plug can be inserted in catheter so as to avoid complete voidance of the bladder.

5. In cystitis complicating prostatic hypertrophy and associated with residual urine, the use of the catheter mitigates the symptoms and diminishes the quantity of residual urine.

6. To detect the presence of residual urine, have the patient empty his bladder as completely as he can without instrumental aid. Then immediately pass a soft (better) or hard catheter into the bladder. If the introduced catheter voids urine, the presence of residual urine is evidenced. Do not draw off more than a few ounces at a time; syncope has resulted from the sudden and complete relief of retention.

7. In the treatment of the symptom of residual urine, the re-

moval of the residual urine lessens vesical irritability. When the residual urine is sterile, and instruments can be passed into the bladder easily and painlessly, catheterism should be systematically performed. White and Furness give the following rules: If the urine is sterile and about 3 ounces remain in the bladder, catheterize once daily; where 6 ounces remain, twice daily, and once more for every additional 2 ounces.

8. In the female, to avoid pain due to the presence of air in the bladder, after cystoscopic examinations, secure escape of air by the use of the catheter.

Report of a Case of Persistent Priapism.—The following was written from notes left by the late Dr. W. J. Scott:

J. C. K. had clap one year ago; after that a chronic priapism for a long time, but finally recovered. Six or eight months since, and after he had coitus, another attack of priapism, which lasted some four weeks. In this attack there was no blenor-rhagic discharge. Since his first recovery he has been well in this respect. For some time past the organ has been hard. Six weeks ago he became sick with fever; his physician says he had a temperature ranging from 103° to 104° F. for a time, during which he became very delirious and had the priapism again, which became painful. When I examined him the penis was erect, and six and one-half inches long and two inches in diameter. When the fever subsided the local conditions remained the same. Large doses of bromide of potassium, cold and hot applications, seemed to have very little influence. The delirium continued after the fever abated, and the priapism subsided somewhat by bandaging and keeping the organ soaked with Goulard's lotion.

Looking up the subject, I find some reference to the condition, but very little as to the treatment. Gross refers to the condition, but does not give much idea as to what to do for it. Erichsen refers to the condition, not giving an opinion as to the cause or anything definite as to treatment.

The best account of the pathology that I can find is given in Quain's Medicine. It may occur from injury to the corpora cavernosa; it sometimes depends on disease of the spine in the sacral region, and sometimes on tumor of the brain. But the reason for the symptom is not hinted at in the conditions found

in this patient. I conclude that in this case the condition must be a reflex to the constrictor penis.

When injury has caused extravasation it may be necessary to let out the blood by incision. Where antispasmodics internally and astringents locally fail to relieve, and in those severe cases where the condition is a reflex, I would suggest a cutting of the constrictor penis, so the fire of Hymen will have no influence on the organ.—*Bulletin Cleveland General Hospital.*

PROCTOLOGY.

Prolapse of the Rectum.—Dudloff (*Archiv für klinische Chirurgie*) divides cases of prolapse into three groups, designated as follows: (1) Prolapsus ani; (2) prolapsus recti, prolapsus ani et recti; (3) prolapsus coli invaginati. These three groups are quite distinct in pathogenesis and treatment. The cause of prolapsus ani is obstruction of the circulation, and the condition is essentially a hemorrhoidal one. Prolapse of the anus and rectum, or the rectum alone, includes all layers of this organ. It is really a perineal hernia whose sac is formed by the rectum itself. In the third class are included cases of invagination pure and simple. Resection of the affected portion of the rectum is the operation of choice. It is contraindicated in long invagination of the colon, but is strictly indicated if the prolapse is incarcerated or irreducible. In certain cases milder measures, such as massage or fixation of the colon, may be tried. If the patient is very weak and cannot withstand narcosis or hemorrhage, ligature may be applied. Colopexy with the formation of an artificial anus is to be rejected. Cauterization is of benefit in cases of prolapse of the anus, or prolapse of the rectum, in children, and as an additional measure in instances in which operation has been only partially successful. Galvanic treatment sometimes succeeds with nervous patients and those who can afford a long course of treatment. Rectopexy, Gersuny's twist, and rings of silver wire are unsuccessful and injurious procedures. In some instances it may be necessary to establish a sacral anus. Prolapse may be due to syphilis, and if so demands antisiphilitic remedies. Before any operative procedure is undertaken the bowels should be thoroughly moved for several days; and for several weeks after the operation the patient should defecate in only a horizontal position.—*Med. News.*

ANTENATAL PATHOLOGY.

Congenital Hernia of the Umbilical Cord.—Dr. W. B. Coley states in the *Medical Record* that congenital hernia of the umbilical cord develops before the falling of the cord, and is due to defective development during fetal life. Lyndfors estimates its frequency as 1 to 5,184. The size of the hernia varies from a small bulging at the base of the cord—sometimes described as hernia of the root of the cord—to a complete eventration, in which nearly all the abdominal organs are found in the hernial sac. In this form of hernia there is no true sac, the protruding viscera being coated with the myxomatous tissue of the cord, and covered by its amniotic layer, the latter being continuous with the skin and the peritoneum.

The present cases are (with the exception of one of small size) the only ones seen by the writer in nearly ten years' experience at the Hospital for the Ruptured and Crippled. The accompanying photographs, taken twenty hours after birth in one case and twenty-four hours in the other, give a very accurate idea of the condition.

CASE I. The tumor itself, about the size of a large orange, is covered only by the dilated tissues of the cord. Operation was performed in July, 1889, twenty-two hours after birth. The projecting portion of the cord was cut off on a level with the hernial tumor; the outer layer of the tissues of the sac was peeled off as far as possible; the edges of the skin at the junction of the root of the cord were then freshened and by a series of silkworm-gut sutures brought together after the hernial tumor had been reduced. The peritoneal cavity itself was not opened; at the lower extremity a small opening was made to allow free drainage in case of any sloughing of the tissues. The abdomen was then firmly supported with compress and bandages. The time of operation was thirty minutes. A small quantity of chloroform was used as the anesthetic. The child made a very good recovery. The wound was dressed every two days by Dr. Preston I. Satterwhite, and to his careful after-treatment is largely due the successful result.

CASE II. A child aged twenty-four hours was brought to the hospital just one week after the case just described. The tumor was much larger than that in the first case, being fully as large as the child's head and partly made up of fluid. An incision

was made into the sac, evacuating about half a pint of straw-colored fluid. The sac contained the liver and most of the large and small intestines, and in view of the very small size of the abdomen it was quite impossible to reduce the contents. The wound was closed, and the prognosis was regarded as absolutely bad, but three weeks later Dr. Satterwhite found that the child was still alive.

TERATOLOGY.

Anomaly of the Long Tendon of the Biceps Muscle of the Arm.—Dr. Joseph D. Craig describes the following:

The following anomaly of the long tendon of the biceps muscle of the arm is believed to be of sufficient interest to warrant its being made a matter of record. The anomaly was found in a dissecting-room subject in the Albany Medical College, and in the left shoulder-joint of a man, evidently a laborer, about middle life and of strong muscular development. The shoulder-joint on the right side was normal in all respects, the long tendon of the biceps passing through it in the usual way, surrounded by the usual synovial sheath, and supported in front by the thickening of the capsule which is sometimes called the gleno-humeral ligament (Flood's). The anomaly was on the left side alone. On this side the long tendon of the biceps of the arm was not found within the shoulder-joint in any part of its length. The transverse ligament usually found between the tuberosities of the humerus was much thickened, and was intimately blended with the insertion of the biceps tendon immediately behind. This ligament was also prolonged downward, was much thickened, and laterally was attached to the margins of the bicipital groove, gradually blending below with the deep fascia. The long tendon of the biceps, starting below at the belly of the muscle, proceeded upward along the bicipital groove, but instead of being free within it, as is usual, and surrounded by a synovial sheath, had little or no investing synovial membrane, and gave off strong lateral fasciculi, which became gradually blended with the transverse ligament, and were finally attached to the margins of the bicipital groove. So the tendon proceeded until it reached the interval between the bicipital tuberosities, where it stopped abruptly, becoming intimately attached to the bottom of the groove and all the surrounding structures. There was no part of

the tendon within the joint. Neither was there any trace of Flood's ligament. The supra-glenoid tubercle was only a small nodule. In other respects the arrangement of the structures about the joint was normal. There was no evidences of pathological change in the joint, no thickening of the ligaments, no roughening of the synovial surfaces. The arrangement must have been congenital. Complete absence of the tendon of the biceps from within the shoulder-joint must be very rare, and for this reason this case seems to be worthy of record.—*Medical Record*.

DISEASES OF THE NOSE, THROAT AND EARS.

Acquired Syphilis of the Nose and Throat.—Dr. Wm. D. H. Brown, of Chicago, publishes the account of some cases in the *Medical Fortnightly*, and they are so interesting that we reproduce them in full.

CASE I. Mr. H., high liver and quite a smoker; business man; 45 years of age; traveler; had contracted syphilis; he was pretty well over it and stopped treatment; for some time it was quiescent, only to break out in simultaneous and deep ulceration of the soft palate, nose and tonsils, when he consulted me. The ulceration of the nose on the right had perforated through the nasal septum, greatly exaggerated hypertrophic condition of both nares, almost completely closed on the left side, through which he had not breathed for some time. The voice had lost its ring, becoming dull and sonorous; the ulcer of the nose was ragged, purulent, and bleeding continuously. There was also one large ulcer on the soft palate, which had perforated through, surrounded by an inflamed and livid red area. The patient was full-blooded and a high liver; the swallowing of hot liquids and rough food increased the pain. Right tonsils largely ulcerated and painful, surrounded by a swollen hypertrophic area. Patient complained of a hacking cough, constant desire to swallow, and feeling as if some foreign body were in the throat; pain increased if the voice was much increased; much trouble in swallowing; the patient of robust habit, a high liver, smoked considerable, and used stimulants quite freely, and on account of his condition found it harder to stop.

Treatment.—*Galvanic Treatment.*—The positive pole of battery at first used to relieve the pain, covered with absorbent

cotton. The strength of the current varied five to seven milliamperes and three to seven minutes. This had the effect of relieving the pain and changing the secretion; after pain was somewhat relieved, returned to the negative pole.

Drugs externally used: Iodo phenique solution at first; then solution of hydrozone, which caused much smarting; for which substituted strong solution of antinosine, to find much less smarting and good sedative and antiseptic effect, after which nosophen was freely used.

Internally: Iodide of potassium, with alteratives and good nutritious diet, patient continued under treatment for some time; cured.

CASE II. Mr. Fred M.; had syphilis some time since, but lately complained of his nose being painful, and had bad case of catarrh off and on, with bleeding and soreness of the nose. On examination I found an ulcer perforating the nasal septum similar to Case No. 1, purulent and bleeding, and in both nares greatly exaggerated hypertrophic condition. Deep ulceration of the pharynx with stomata, the parts thickened and infiltrated, and of an albuminous appearance, while directly round the ulcer a congested livid red zone; also small ulcer on the palate in the median line of the vault near juncture of palate process of superior maxilla, being consecutive, as is characteristic of this disease.

Treatment.—Internally, pot. iodide with alteratives. Galvanism, as in previous case. Hydrozone solution to cleanse the sore, then iodide of zinc as topical application; doing well, but finally used antinosine, 50 per cent. solution, for cleansing and disinfecting, ending with nosophen used freely until case was cured.

CASE III. Mr. F. D. E., clerk, 25 years of age. Referred to me suffering with sloughing ulcer of both tonsils, also ulcerative stomatitis; had had syphilis quite a while previous to this; the ulcers on the tonsils were very painful, of the characteristic greyish coating, sloughing and bleeding; constant desire to swallow and yet deglutition very painful. Present also stomatitis, and a scarlet line along the gums in contrast quite striking to the surrounding pale mucous membrane.

Treatment.—Internal treatment as in cases above. Galvanism; sore cleansed with hydrozone, and then used antinosine

(the pure powder) to the tonsil, in a short while followed by nosophen; case continued under this treatment for quite a while, then cured.

Nosophen and antinosine in these cases give results superior to iodoform, promoting rapid granulation and healing without the repulsive odor or toxic effect of iodoform, and nosophen does not cake like aristol. Antinosine coming in contact with the foci of infection exerts its action quickly.

OPHTHALMOLOGY.

Tests for Color Blindness.—In this age of fast and universal railway travel too much care cannot be taken in testing the sight of railway employes before intrusting to them positions that require for their safe performance an acute development of the sense of sight. Many railroad accidents in the past have been due to no other cause than a defective eyesight of the engineer or fireman in charge of the locomotive, and until some other method of testing this important human faculty other than that in vogue—the wool test—is adopted, we may expect a continuance of railroad accidents with all their accompanying horrors and tortures.

Color blindness is an affliction many persons have unknown to themselves. It would not be an untruthful statement to say that there are many engineers and firemen at present employed on the railways of the country who are either color-blind or color-weak, though they may have passed the wool test satisfactorily. To be able to distinguish red from green, or white from black, does not necessarily prove that a person is not color-blind or color-weak. An article printed in a recent number of *Science* says that many persons possess perfect color vision for near-by objects or bright objects, who are practically color-blind for weakly illuminated or distant objects. These persons may pass the wool test with the utmost perfection if the test is performed close by, but they will fail utterly if the wools are removed to a distance of twenty or thirty feet. "The sorting of wools," it continues, "is a quite unusual and perplexing task to a man brought up in a railway yard or on shipboard, and it is not a guarantee that he is not color-blind. The naming of colors should be rigidly required. The engineer or the pilot in his daily rou-

tine is not called upon to match colors, but to decide whether a light is red, green or white. He should be tested on this point."

To provide for this test an instrument has been invented by E. W. Scripture, Psychological Laboratory, Yale University, which is called the "Color Sense Tester." The instrument is designed to present simultaneously to the beholder three different colors. These colors may be changed quickly to others of a different shade by the simple turning of a disc, thus testing the applicant's ability to distinguish colors without a moment's hesitation. The glass in the tester is so shaded that it is possible to have thirty-six combinations of colors. This is arranged by having on the reverse side of the tester, on which are the three windows, a movable disc containing twelve glasses of various colors and shades, principally reds, greens and grays. If the person being examined correctly calls out the colors seen through the three windows of the tester, it may be safely assumed that he is not color-blind or color-weak, and a person to trust with a locomotive.

One of these instruments is in use on an English railway and another on the central division of the New York Central Railroad. The examiner on the latter road, in a report to the inventor, says that "the men examined say that this test is more like the signals they are used to seeing every day on the road, and is, therefore, fairer than to ask them to pick out a lot of delicately tinted pieces of yarn."—*Railway Surgeon*.

Traumatic Varix of Orbit.—At a meeting of the Section on Ophthalmology of the Philadelphia College of Physicians, Dr. C. A. Oliver read the history of a case of traumatic varix of the orbit in which ligation of the left common carotid artery was successfully performed. The 27-year-old patient had been struck in his left eye five days before being seen. At four years of age he was caught between two railroad cars, inflicting such an injury to his head that he bled from the mouth, nose and ears. There was palpebral swelling, conjunctival edema, and proptosis. The globe was almost immobile, the iris was fixed, and the retinal veins were engorged. There was a temporal but not orbital bruit. Transient pressure on the left common carotid caused the eye to sink into place and the venous stasis in and around the orbit to subside. These symptoms increasing, in spite of continuous com-

pression upon the left common carotid, ligation of the vessel, by Dr. T. S. K. Morton, was done, resulting in an immediate cessation of most of the symptoms. For the first time retinal venous hemorrhages could be seen. Five months later the eye had become blind from secondary glaucoma, while all of the previous symptoms had disappeared.

The early accident probably was the beginning of either an aneurysmal varix between the petrous and cavernous portions of the internal carotid artery and the corresponding cavernous sinus, or a varicose aneurysm between the two, in which there was an intervening sac or so-called false aneurysmal connection. In either case the lesion was in a protected situation, and subjected to little arterial pressure. Therefore it grew slowly, or may have remained stationary. The more recent blow upon the diseased region probably increased the opening into the venous structures, and gave rise to the orbital varix. The appearance of absolute secondary glaucoma as the final outcome of the condition of the ocular tissues may be in measure understood when it is considered that the eye-ball is a lymph-producing organ which is dependent upon normal blood-supply.

NEUROLOGY.

Disturbances of Sensibility in Parkinson's Disease.—M. A. Palmieri and S. Arnaud (*Clinica medica italiana; Settimana medica*), notwithstanding the common denial by pathologists, including Parkinson himself, of the existence of objective sensory disturbances in subjects of Parkinson's disease, instituted observations in seven cases with the result of demonstrating that there were always disturbances of the sense of pain, but rarely of the other forms of sensibility, tactile, thermal, etc. He arrived at the following conclusions: 1. In the subjects of Parkinson's disease there is nearly constantly a diminished pain sensibility, at times very marked in the region affected by clonic spasms. 2. The hypalgesia is at times diffused, at times in detached areas, and is generally most marked at the extremities of the limbs. 3. Perhaps in the very first stages of the lesion there is hyperalgesia, which gives place to hypalgesia, and the latter grows more and more decided as the disease advances.—*N. Y. Med. Jour.*

Green Vision in Tabes Dorsalis—Work Dodd reported a case of this nature to the Ophthalmological Society at the meeting

of March 9, 1899 (*The Lancet*, March 18, 1899). In 1886 the patient's vision was quite good; in 1891 he had diplopia, from which he recovered. His color vision remained good until 1897, and he complained of defective sight shortly before being seen in July, 1898. When first seen the vision of the right eye was $\frac{3}{80}$ and that of the left eye was $\frac{1}{80}$. He had Argyll-Robertson pupils, optic atrophy, and contraction of the visual fields; his gait was ataxic and he had occasional trouble in passing his urine. In September, 1898, the vision of the right eye was reduced to $\frac{1}{80}$, while with the left eye he could only perceive movements of the hands. He then saw everything a bright emerald green; it appeared to him as if there was a green veil hung before his eyes through which he saw everything. He occasionally saw rose-pink spots through the green veil in places. The colors increased in intensity when he was tired, especially the rose-pink. He had also occasional sensations of very brilliant light.—*Albany Med-Annals*.

MEDICO-LEGAL.

The Sensory Capacity of the Female Genitals from a Forensic Point of View.—A midwife in Breslau some years ago was arrested charged with procuring an abortion by passing an "instrument" and causing the "waters" to come away; the fetus being expelled two days later. Experts called were of the opinion that the patient could not be sure whether the instrument was passed into the vagina and uterus, or into the bladder. Dr. Calmann (*Archiv. f. Gynäk.*, Bd. lv., Heft 2), who has recently investigated this subject of genital sensibility, concludes as follows: 1. The sense of localization is very defectively developed in the female urino-genital system; the local differentiation between the urethra, bladder, and the vagina is quite uncertain; and a similar sense of locality between the vagina, portio, and uterine cavity does not exist at all. 2. The sense of touch, especially of the portions of this region which lie above their respective entrances, is likewise defectively shown. All judgment is absent as to the length of an object introduced; the thickness is fairly well recognized, but no correct estimate of it is made with certainty. There is great obscurity as to the form and other characters of objects introduced. The number of objects intro-

duced into the vagina is often falsely given. There is no sense of touch in the portio vaginalis and the uterus. 3. The sense of pressure is somewhat well developed in the urethra; in the vagina it is very feeble, and in the uterus and outer surface of the portio it cannot be demonstrated. 4. The sense of temperature is also fairly good in the urethra. In the vagina it is feebly developed, especially toward the hotter degrees of temperature. It fails entirely in the uterus and portio. 5. Sensation of pain is quick in the urethra and in the vagina; in the portio and cervical canal it is only moderate; in the uterine cavity it is often marked. This forms the only subjective difference between the uterus and vagina. 6. Vaginal douches and the customary disinfectants diminish the sensibility of the vagina.

An Important Legal Decision in Medical Consultations.—The *Boston Medical and Surgical Journal* says that a case of considerable interest to medical men has recently been ordered to be retried by the appellate term of the Supreme Court. A bill of two homeopathic physicians, of seventy dollars for the attendant, and a hundred and seventy-five dollars for the consultant (who made six visits), in a case of fractured elbow, was disputed by the patient, who was left with a stiff joint, and interposed with a counter-claim for five hundred dollars damages for malpractice. In the sixth municipal court the full amount of the bill was awarded to the physicians. In giving his opinion in favor of reversal, Justice McLean of the Supreme Court concluded as follows: "There was no justification by custom or otherwise in plaintiff's employment of Dr. Roberts (the consultant) without a frank and full statement of the situation to the patient and the defendant (the patient's husband), and learning their wishes concerning the professional persons to be brought in. There cannot be properly applied to the facts shown here any custom multiplying ordinary professional charges five or ten times under the shield of a layman's ignorance, because it is subversive of justice that charges should be so largely increased by a custom not made known at all to the patient or her husband."—*N. Y. Med. Jour.*

BOOK REVIEWS.

The Principles of Treatment and Their Applications in Practical Medicine. By J. MITCHELL BRUCE, M.A., M.D., F.R.C.P. Adapted to the U. S. Pharmacopeia by E. QUINN THORNTON, M.D. 8vo., pp. 614. [Philadelphia and New York: Lea Bros. & Co. 1900. Price, \$3.75 net.

One of the great faults which has been always brought to the door of the medical profession was the fact that the great majority did not practice medicine from a rational point of view. This has been due no doubt to the fact that sufficient care in the examination of the patient of the underlying causes of his disease, and of the pathology of the condition present, has not characterized the investigation made. The underlying cause of this has doubtless been in the neglect shown in properly teaching these things. The volume before us is one wherein the author directs his reader in an intelligent and rational manner so that he may be enabled to treat his patient with intelligence based upon a proper understanding of his case as derived from a thorough and systematic examination.

The work before us has been very aptly named *Principles of Treatment*. The author introduces his subject by detailing the plan of the work and explaining the meaning of indications for treatment. Then comes a consideration of the *Principles of Treatment* founded on Etiology, on Pathology, on the Clinical Character of Disease, on the Clinical Course of Disease, on the Personal Factor in Disease, in successive chapters. Then come three chapters on the Proper Relation of Treatment to Disease, Means of Treatment, and the Art of Treatment. In the consideration of these various topics illustrative examples are given; for, as the author very pertinently remarks, "The principles of treatment are difficult to discuss, and still more difficult to appreciate, without illustrations of them in connection with individual diseases."

Part II. is devoted to illustrations of the *Principles of Treatment*. In this are given a number of the principal diseases encountered in practice, and details are sufficiently dwelt upon to enable the reader to understand the treatment laid down and the rational methods upon which it is based. It must not be forgotten, however, that this is not a treatise upon the practice of medicine, but a work devoted to the principles of treatment. Hence the reader will not find every disease taken up, nor more than thoroughly sketched. This is done, however, in a manner such that, the underlying principles being well understood, their application to any case of disease will become a comparatively easy affair.

This book is one which should be read by every physician, and should be re-read and consulted often. The practitioner will find it profitable, and the student will be enabled by its study to lay the foundation of a future successful career based upon reason rather than upon empiricism. Such should be the goal of every one, and we can only express the hope that the sale of this work will be enormous, as it will act as a powerful factor in the establishment of rational medicine, and bring it nearer to the position of a science than it has yet attained.

Transactions of the American Ophthalmological Society.

Thirty-fifth Annual Meeting, held at New London, Conn., 1899. 8vo., pp. 469-592. [Hartford: Published by the Society. 1899.

As is usual with this society, its transactions are wonderfully excellent, and this last issue can fairly claim to be the best which has been issued so far. There were nineteen papers read and two instruments presented. It would be a very difficult matter indeed to attempt an analytic review of each one, and the bare mention of a few will be given to enable the reader to form an adequate idea of the character of the work done at this meeting. Dr. A. Alt contributes a communication on Anomalies of the Epithelial Layer of the Crystalline Lens and Anterior Polar Cataract. A very interesting paper is that by Dr. J. O. Tansley on Cyst of the Vitreous. Dr. F. Buller's paper is on A Case of Primary Tumor of the Optic Nerve, which Microscopic Examination Showed Myxo-Sarcomatous. A rather rare case is that reported by Dr. C. A. Vessey of Primary Non-Pigmented Sarcoma of the Upper Lid. An unusual case is that forming the subject of Dr. W. F. Mittendorf's paper, being on Multiple Rupture of the Papillary Border of the Iris, with Subsequent Development of Myopic Astigmatism. A Modification of the Stereoscope, by Dr. B. A. Randall, is so arranged that the interpupillary distance can be modified according to the requirements of each individual.

Taken as a whole, this volume is one which will prove most interesting as well as valuable to ophthalmologists, and the Society issuing it is to be highly congratulated.

Recollections of a Rebel Surgeon, and Other Sketches; or In the Doctor's Sappy Days. By F. E. DANIEL, M.D. 12mo.; pp. 264. Illustrated. [Austin, Tex.: Van Boeckman, Schutze & Co. 1899.

We read this book with a great deal of pleasure, and yet we have to find fault with it. Daniel did not make it long enough, and if he doesn't write a second volume we will abuse him "shonuff." We were "enjoyin' very poor health" when we began reading the book, and before we had finished it our health was "tollible." We would like to sit on the nail-keg in the office of

the *Texas Medical Journal* and listen to the old Doctor telling his stories, but we "dasn't."

The book before us is as full of good reading as an egg is of meat. There is no end of fun and some very touching pathos. Among some of the stories which were particularly enjoyed by us were: The Doctor Gets Dinner, A Frog Story, An Extensive Acquaintance, A Medical High Daddy, Dr. Yandell and the Turkey. Somebody's Darling is very pathetic, and the Story of a Stump will appeal to the heart of every Southern sympathizer. Dr. Daniel has proven himself a literary worker of no mean merit, and we must insist that he give us some more contributions written in the interesting style of which he is the acknowledged master.

The Lute and Lays. By CHARLES STUART WELLES, M.D. 12 mo., pp. 103. [New York: The Macmillan Company, 60 Fifth Ave. 1899. Price, \$2.00.

A handsome little volume, bound with taste, printed on hand-laid paper, with uncut edges; it is a rich and dainty book fit for any one's library. The author, like some other physicians, is a poet. He is a poet in the true sense of the word, as this small collection of verses will demonstrate to any person of taste. A veritable little gem is "Roses." Another choice piece is "A Statuette." "Golden Days" is most happily rendered, and "Rose Re-crowned" is a poetic triumph. The book is one which would make a most appropriate gift to a lady and would be prized by many of the sterner sex.

A Manual of Modern Surgery. An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the Use of Students and Practitioners. By JOHN B. ROBERTS, A.M., M.D. Second Edition. Revised and Enlarged. 8vo., pp. 842. Illustrated with 473 Engravings and 8 Plates in Colors and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$4.25 net; leather, \$5.25 net.

The contents of this splendid volume certainly do not belie its title. The opening chapters are devoted to surgical pathology, and it is here that we note how modern the author is in the treatment of the subject. He adopts here the method which characterizes the book throughout; he indulges in no idle speculations, but deals with facts. Everything is explained and detailed in such a thorough manner that there is but little left for further consideration. Next in order of thoroughness of treatment is a most modern subject and one which has produced the greatest revolution in surgery which it ever witnessed—asepsis. It is here that the author rises to his subject. It is here that he completely establishes aseptic surgery in the ideal position which it occupies, and ever will in the practice of all progressive surgeons. He

does not arrive at his conclusions nor formulate his directions from theoretical data; but confirms all his dicta by his practical knowledge of the subject whereof he speaks. The reader can feel the conviction that he is the master of his subject.

From the fact that this work is a manual and not a treatise it cannot be expected that lengthy considerations of subjects can be given. But it would perhaps be better not to take some subjects beyond a mere mention than to attempt a perfunctory and inadequate description. This is shown in the matter of syphilis more particularly. To our mind its influence on operations and the general principles to follow in operations on syphilitics would be more to the point than to attempt a treatment of the subject of syphilis in eleven pages. The same could be said of many of the other surgical diseases which are considered in an equally brief manner.

The operative portions are perhaps beyond criticism. The author has taken full advantage of the monographs of the leading modern surgeons, and this, taken in conjunction with his own extensive experience, has enabled him to dispense with a large volume of surgical lumber which still encumbers many books on surgery which appear to-day. This feature is one which is to be commended. The revision of the book before us has been thorough and the chapters on appendicitis and intestinal anastomosis, which are practically new, are of the utmost importance and valuable because brought up to date.

The publishers have produced a handsome volume and not been sparing in the way of illustrations and plates. We have no doubt that this second edition of Roberts' Surgery will meet with the same success as the first.

Diseases of Women. A Treatise on the Principles and Practice of Gynecology. For Students and Practitioners. By E. C. DUDLEY, A.M., M.D. Second Edition. Revised and Enlarged. 8vo., pp. 717. With 453 Illustrations, of which 47 are in Colors, and 8 Full-page Plates in Colors and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net.

The popularity of this work is evidenced by the exhaustion of a large first edition in the short space of a year. The author was a most prominent pupil of Emmet, and he very skillfully continues to teach the precepts and perform operations according to the methods of his illustrious master, who must certainly feel proud of him. The division of the work before us is on a pathological plan, as far as this is possible, and it has been brought to a more logical conclusion than most of the attempts heretofore made by authors on gynecology. The work is divided into five parts, as follows: I., General Principles; II., Inflammations; III., Tumors, Malformations, and Tubal Pregnancy; IV.,

Traumatisms; V., Displacements and Pelvic Massage. By means of a pathologic classification the student is enabled to better understand the relations to one another of metritis, vulvo-vaginitis, salpingitis, ovaritis, and peritonitis. This is certainly much superior to the method whereby each one is considered a distinct and separate lesion. It is a more rational plan as well as a more practical one.

Some subjects have been considered at some greater length than is usual in books of the nature of the one before us. Perineorrhaphy, laceration of the cervix, and vesico-vaginal fistula are among these, and as explained and with the details of technique fully illustrated as they are, no one should experience any difficulty in understanding the conditions or operations and be prepared to perform the latter properly in those cases where they are demanded. One portion which we desire to commend more particularly is that in which topical applications are considered. The author very properly lays stress upon the necessity of determining those cases which should be treated by constitutional measures or operative interference. He is an ardent opponent to the meddlesomeness so characteristic of the ignorant and which only tends to make these cases worse. In his chapter on the treatment of displacements, proper emphasis is laid upon the good effects obtained by pelvic massage after the Brandt method. This is surely as it should be, as many excellent results have been achieved by its proper employment.

The book is handsomely gotten up and profusely illustrated by superior plates and engravings. The author has been profuse in this respect and the publishers liberal in furnishing them. We are sorry to note a typographical error (page 321), whereby the types are made to say that "Chyluria is a frequently complication." We regret our want of space, as we would very much like to point out the numerous good features of this book which occur in almost every page. A large sale of this edition may be confidently expected, as quite an amount of new matter has been introduced. As is usual with the Leas, the mechanical production and binding of the book are above criticism.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Manual of Modern Surgery. An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time.

For the Use of Students and Practitioners. By John B. Roberts, A.M., M.D. Second Edition. Revised and Enlarged. 8vo., pp. 842. Illustrated with 473 Engravings and 8 Plates in Colors and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$4.25 net; leather, \$5.25 net.

Diseases of Women. A Treatise on the Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A.M., M.D. Second Edition. Revised and Enlarged. 8vo., pp. 717. With 453 Illustrations, of which 47 are in Colors and 8 Full-page Plates in Colors and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$5.00 net; leather, \$6.00 net.

The Principles of Treatment and their Applications in Practical Medicine. By J. Mitchell Bruce, M.A., M.D., F.R.C.P. Adapted to the United States Pharmacopeia by E. Quin Thornton, M.D. 8vo., pp. 614. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, \$3.75 net.

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Recollections of a Rebel Surgeon and other Sketches; or, in the Doctor's Sappy Days. By F. E. Daniel, M.D. 12mo., pp. 264. Illustrated. [Austin, Tex.: Von Boeckman, Schutze & Co. 1899.

The Lute and Lays. By Charles Stuart Welles, M.D. 12mo., pp. 103. [London: George Bell & Sons, 4 York Street, Covent Garden, W. C. New York: The Macmillan Company, 60 Fifth Ave. 1899. Price, \$2.00.

The Regular Medical Visitor made its initial appearance in St. Louis during January last. It is a large octavo of 24 pages, which according to its announcement is a monthly periodical of practical and experimental medicine, surgery, etc. Its editor is Dr. Geo. Howard Thompson, and John P. Lowell is the business manager. The first number presents a most creditable appearance, and from present indications its visits promise to be regular. The editor has two associate editors, Drs. Harold G. Gould and J. D. Nifong, who promise to make an interesting journal. The subscription price is \$1.00 per year.

The Stylus, a Record of Clinical and Hospital Work, is the latest candidate for professional favor which has appeared in St. Louis. Its first number is dated February, 1900, and it presents a neat appearance. It is a large octavo of 48 pages. Dr. William Porter is editor; Dr. Robert M. Ross, assistant editor; and C. K. Eiker, business manager. Hospital and clinical work is to form the reading matter; and from this we conclude that it will

consist chiefly of original articles. The subscription price has been fixed at \$1.00 per annum.

Record of Symptomology is a large octavo of 22 pages, published at Omaha, Neb. Its first number is also dated February, 1900. It is a journal which is to be devoted to physical diagnosis. Dr. W. L. Capell is its editor, and he has taken the right idea, if he can only secure enough contributors. It would certainly be a good idea to include microscopic diagnosis as an adjunct to pure symptomology. The subscription price is \$1.00 per annum.

All three above journals are monthly publications, and their editors are very sanguine of success.

Announcement.—Mr. W. B. Saunders of Philadelphia announces that, in answer to a widespread demand from the medical profession, the publisher of the "American Year Book of Medicine and Surgery" has decided to issue that well-known work in two volumes, Vol. I. treating of General Medicine, Vol. II. of General Surgery. Each volume will be complete in itself, and the work will be sold either separately or in sets. Price per volume: Cloth, \$3.00 net; half-morocco, \$3.75 net.

MELANGE.

Notice.—R. L. Polk & Co., Detroit, Mich., publishers of the *Dental Register of the United States and Canada*, request that all practicing dentists notify them of removals, newcomers, deaths, or new dental societies organized in their vicinity. This information will materially aid in revising the *Dental Register*.

An Indictment Against a Christian Healer.—The grand jury in Council Bluffs, Iowa, has returned two indictments against a Christian Science healer and a woman for compassing the death of the daughter of the latter. The girl is reported to have died of appendicitis while the "healer" was praying over her, the mother having refused to have medical advice for the child.

Transmission of Tuberculosis by Means of Postage Stamps.—Busquet relates an instance of a soldier admitted to the hospital for tuberculosis of the lungs, who was a collector of postage stamps, which he was in the habit of fastening in albums almost daily, either moistening the stamp itself or strips

of adhesive paper by applying them to the tongue, frequently exchanging these same stamps with other collectors. Cultures made from these stamps showed the presence of tubercle bacilli.—*Le Bulletin Médical*, December 16, 1899.

Knock-Out Drops.—Knock-out drops, says an exchange, is the name used to describe some secret narcotic which is put in the drink of inebriates to make them insensible, for the purpose of robbery. This is found to be always chloral, in concentrated solution, sixty grains to a drachm. This can be readily disguised and put in spirits without detection, the drinker always having palsied taste. This drug cannot be detected and is more readily soluble in spirits. One hundred grains can be dissolved in a drachm. Enough of this is absorbed to produce narcosis quickly without the usual stage of extreme excitement.—*The Med. Age*.

Hysterectomy ; A Layman's View.—We read the following in the *Medical Sentinel*, and if similar views from laymen on other operations were published they might check injudicious surgery:

To The Medical Council: Some of the fruits of the extirpation of the uterus, ovaries and tubes are rather a remorseful harvest. It is noted by the writer that the above operation causes the loss of womanhood, memory, lack of comprehension, mind-wandering, and a failure to understand what is required. There may be a cessation of physical suffering, but mental life in its true sense is absolutely destroyed.

G. W. FLAVELL.

1005 Spring Garden St., Philadelphia.

Reduced Fares to Paris Congress.—The Secretary-General of the Congress gives notice of the following reduction in rates:

(1) All the railway companies of France will grant to the members of the Congress a reduction of 50 per cent. upon round trip tickets, as follows: Every member of the Congress will receive, upon application to the Secretary-General, Dr. A. Chauffard, 21 rue de l'Ecole de Médecine, Paris, a ticket which must be stamped at the railroad station where he enters France, upon paying the full price of a single trip to Paris. At Paris the member will have this ticket viséd in the office of the Congress, and it will then serve as a return ticket without additional expense.

The journey to Paris having been paid entirely, and the return trip being free, there is of course a 50 per cent. reduction. It goes without saying that in order to secure this, the return trip must be to the same point at which the original fare was paid. (2) The French line (La Compagnie Générale Transatlantique) will allow members of the Congress a reduction of 10 per cent. on tickets from New York. (3) The Secretary-General has arranged to provide to early applicants a number of lodgings, including light and service, at the rate of five francs per day; and various agencies also advertise reduced rates for lodgings.

For further particulars and application blanks for membership, address,

DR. H. B. JACOBS,
Sec'y American National Committee,
3 W. Franklin Street, Baltimore, Md.

Health Hints.—Don't work your ears; it may cause action in the brain cells.

Don't allow your necktie to mount above your collar; it creates insanity in people you meet.

Always wash your feet in water; molasses attracts flies.

Don't work in winter; it brings on pneumonia, and in summer it debilitates by increasing the perspiration.

Always breathe through either your mouth or nose; deafness may result from breathing through your ears.

Eat fruit and vegetables in the summer; they are too expensive in the winter.

Cats carry diphtheria; don't contract diphtheria if you keep a cat.

Always disinfect your moustache before kissing your—wife. At the left hand side of the bar you will find coffee and cloves for this purpose.

Don't spit on the floor; with a little practice you can hit the rug.

Avoid all drafts; learn the step of the bank cashier and jump into a closet.

Never use face powder so it will show. Fool the people and you may marry rich.

Early to bed and early to rise does very well with preachers and guys, but makes a man miss all the fun till he dies and joins the old stiffs that are up in the skies. Go to bed when you

please, and lie at your ease, and you'll die just the same from a Latin disease.—*Gillard's Medical Journal*.

The Discovery of Scabies.—Although as far back as the twelfth century Avenzoar described a disease of the skin characterized by the presence beneath the epidermis of animalculæ resembling lice, so small as scarcely to be visible, which he remarked could be extracted by scratching the skin, the disease now universally known as scabies was, even as recently as this century, regarded as a constitutional affection associated with cachexia and inflammation. It appears, however, that Rabelais, who, though a doctor of medicine, is better known as a political writer than as a physician, was well acquainted with the disease, and was perfectly cognizant of its nature, contagiousness and treatment. It is narrated indeed in his famous work that one of the ancestors of Pantagruel was “exceedingly expert in removing worms from the hands,” and elsewhere Rabelais laments the death of a medical friend who died in consequence of his having accidentally wounded himself in removing one of these worms with a paper knife. The rediscovery of itch in France dates from 1835, when a medical student demonstrated to Alibert, incredulous, how in his native land of Corsica the peasants withdrew the parasite by the aid of a needle, a feat which he repeated in Alibert’s clinic. In a recent monograph on the subject it is shown that the disease has been discovered and rediscovered some half-dozen times, at intervals of centuries. How often is this the case with medical discoveries? The worst of it is that treatments which have been again and again discovered and dismissed as useless or injurious are from time to time once more brought forward only to excite and cause fresh disappointment. If contemporary discoverers would only take the trouble to consult Neale’s Digest or the *Index Medicus* before launching their fancied innovations, they would often be dissuaded from encumbering medical literature with their “mare’s nests.”—*Medical Press and Circular*.

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 712.

VOLUME LXXVIII.—APRIL, 1900.—No. 4.

ORIGINAL COMMUNICATIONS.

ANTINOSINE IN SKIN GRAFTING.

BY R. F. AMYX, M.D.,

Assistant Superintendent of the St. Louis City Hospital.

A new dressing powder for the after-treatment of skin grafting, at this period, would seem an unimportant consideration, for the results obtained by the other well-known dressing powders have been so uniformly good that it is a difficult matter to induce one to experiment with any new agent; yet there are cases in which all the older means have failed and which offer an opportunity for the use of the newer agents. It was such instances that led me to experiment with antinosine. This agent had been thoroughly tried in old indolent ulcers with remarkable success, and it was in several such cases that its value as a dressing powder or in solution was first appreciated. Very frequently in ulcers which did not yield promptly to the dressing by the powder, a skin graft was placed in the center of the ulcer and in the greater number of ulcers which had previously been treated by this powder, the grafts would soon unite and begin to spread from the periphery, so that the time in procuring a recovery was materially shortened. To be sure that the result obtained by antinosine was not a coincidence, six ulcers were treated by the ordinary method, viz.: Normal saline solution, talcum and boric acid; then three other ulcers were skin-grafted and antinosine used; and in each instance, in the latter, the uniting process was

much more rapid and a more perfect result was obtained than in those treated by the first named method. It was through the results obtained as an after-treatment in skin grafting on ulcers that large surfaces were grafted and antinosine used as a dressing; the results obtained were far better than was anticipated. The method of using antinosine demands some careful consideration, for no two cases can be treated alike regarding the application of this agent.

In the negro the dry powder acted well, producing an apparent rapid union and without causing death of the grafts, and at the same time eliminating and preventing pus. In the white men the solution seemed to act better, as the powder seemed to irritate, and in one instance the graft which had united while being treated with the solution, broke down when treated with the powder. Grafts were placed on the surface a second time and gauze, soaked in a strong solution (about five per cent. solution), was placed over the rubber strips which covered the grafts so the solution could come in contact with them. On these occasions the grafts united and a good result was obtained.

The above records referred only to minor cases and in a measure led us to seek cases of greater magnitude for the use of antinosine. The following cases and histories will serve to illustrate its use and the results obtained:

CASE I.—F. F., single man, aged 28, laborer, negro, was admitted to the hospital July 8, 1899.

Habits.—Smokes and chews much, drinks beer, spreezes some.

Family History.—Father died, cause unknown, mother living and well, otherwise negative, no tubercular history.

Personal History.—Pneumonia seven years ago, also pleurisy; clap, but not syphilis.

Present Trouble.—Was working for Progress Press Brick Co., rolling clay for brick between two heavy rollers; right hand was caught between rollers and lacerated, denuded of skin and fasciæ on palmar surface; also thumb muscular tissue, some carpal bones crushed and two metacarpal bones broken.

Urinalysis.—1020, no albumin, no sugar.

Treatment.—Packs, soaking in bichloride solution dressing.

July 15. Tissues sloughing away and amputation recommended.

July 27. Patient was received with hand in fearfully man-

gled condition; healing seems to be thoroughly under way; two middle fingers were removed, they were lifeless and gangrenous. There is sensation in little finger, but none in index; attachment of each is bad; thumb is in bad condition, but may be saved. Each day he will immerse hand in $2\frac{1}{2}$ per cent. solution carbolic



FIG. 2.—Case I. Appearance November 1, 1899.

acid for an hour and a half and the hand will be dressed with antinosine.

August 28. Part of hand amputated; the fifth metacarpal bone was removed; also the first phalanx of index finger of right hand. Patient took anesthetic nicely and recovered from its effects quickly.

August 31. Hand doing very well, the epithelium growing rapidly.

On September 5 about 25 grafts of skin were removed from left thigh and transplanted to hand. Every one was successfully adherent, patient greatly improved. Antinosine solution used for primary dressing, with oiled strips of rubber tissue immediately over the grafts.



FIG. 3.—Case I. Appearance November 1, 1899.

September 20. The first dressing was removed and the dry powder used for the dressing. On September 10 the antinosine powder was again applied to the surface. The first dressing with antinosine had left a solid dry crust; the second dressing was placed over this. On the 15th the dry crust formed by the antinosine was removed and fresh antinosine was again applied. On the 19th all the dressings were removed and plain gauze was used for a protection. All the grafts had completely united; there:

was no secretion whatsoever and the grafted surface presented a healthy condition, requiring no further stimulation, but simply a protecting dressing.

September 30. This case was exceedingly interesting, and was remarkably successful—every graft successfully adherent;



FIG. 4.—Case I. Appearance November 1, 1899.

very slight suppuration—and now the hand is entirely well. Antinosine used in dressing and at time of grafting. The raw surface on left thigh from which grafts of skin were removed healed rapidly; dry dressings of boric acid were used. It might be apropos to state that this colored patient claims he had never had syphilis, and states “my blood is good,” feeling that rapid healing is due to some inherent power in his constitution.

October 1. The hand is almost entirely covered with skin, and looking well. Freshened surface on thigh has healed; is being protected by light bandage.

October 15. In the small area on the dorsum of the hand the skin has broken down, and is undergoing suppuration. This followed a trauma he received several days back; otherwise the hand is in splendid condition.

October 31. Much improved; almost no suppuration.

November 1. The denuded surface referred to above was dressed with the antinosine powder. The pus disappeared a few days later under this treatment, and at the time the patient left the hospital the surface had been completely covered by skin, which grew from the periphery of the wound under the stimulating effect of the antinosine dressing. The surface which had been grafted did not break down at any time after the primary dressings were taken off; they presented a perfectly normal condition at this time. (See Figures 2, 3 and 4.)

The hand is practically well in every particular, and patient desires to be discharged.

A word as to the procedure which was used while grafting the skin. In the first place, a one-half per cent. solution of antinosine, moderately warm, was used to keep the granulating surface free from blood. The grafts were also placed in this solution before placing them on the surface to be grafted. After the grafting was complete all moisture about the grafts was carefully removed, and sterilized rubber tissue strips with sterilized olive oil were placed over the grafts. The rubber strips were so placed as to leave an interval between the strips, so that any secretion which collected about the grafts could find an exit. After this a strong solution of antinosine, of an indefinite strength, was made, and gauze saturated with this solution was placed over the rubber strips. Over the last dressing rubber tissue was placed, and the hand bandaged in the ordinary way. The dressings were removed, and renewed as stated above. This case was treated with antinosine from beginning to end, and at no time was any other agent used. The recovery was rapid and complete.

It might occur to many that the result was not unusual, as the patient was a negro, and in that race the skin is known to have the function of uniting very readily, so that in this case, as in many others of the same race, it was almost a natural consequence. Yet when the time is considered from the day on which the grafting was done and that on which all dressings were re-

moved, viz., fourteen days, a duration much shorter than that ordinarily required to obtain a similar result by other methods, it should reflect some credit on the dressing agent which was used.

The small amount of pus which was present the first dressing disappeared after the second dressing, and very little secretion appeared after that, excepting what was produced by the trauma at a point higher up on the wrist than that which was grafted with skin. This wound yielded very readily to the dressing employed, so that patient could use his hand at the time he left the hospital.

CASE II.—A woman, aged 22 years, white; occupation, seamstress.

August 22. The patient, while combing her hair, threw her head forward and in doing so her hair became entangled about a revolving shaft. Her scalp was instantly torn off. The line of separation extended from nape of neck to a point below the hair line on forehead; on the left side it passed just above the ear, while on the right side the ear was torn off, so that the scalp was completely torn from the head. The wound was cleaned with antiseptics, and all of the scalp that could be saved, which was a small piece, which was hanging over the left eye, was brought upon the forehead and sutured to the periosteum so as to keep it from slipping downward. The wound was then dressed and a carbolic pack was applied to the head and a bandage applied.

August 26. Wound examined and a large amount of pus found present; wound dressed with antinosine.

August 27. This morning wound redressed; there is less pus present, and wound was again dressed with antinosine.

August 28. Wound dressed; pus only around edge of scalp and surrounding tissues. Wound painted with a thick paste of antinosine solution, and the dry antinosine dusted over the parts presenting suppuration. Patient has been receiving stimulants of whiskey, strychnin and digitalis.

September 8. No pus; granulations uniformly red and clean over entire surface; patient feeling very well. Skin grafts are implanted to-day, over an area of about five inches on left temporal region, extending backward from the anterior edge of the old scalp wound, an area of about 3 by 4 inches; also covered on the side of head. Grafts were covered with oiled strips of rubber tissue.

September 15. All the grafts seem to be growing; granulations over the rest of the head are red and healthy in appearance.

September 25. Dry dressings of boric acid and talcum powder used over grafts for awhile. Great amount of secretion over area between the grafts with pus formation. Dressing saturated with pus and removed with difficulty. Four days ago began using antinosine dressing, using the powder over the grafts and moist gauze dressing of antinosine solution over the entire head. Condition much improved since then; pus much less. Brown crust of antinosine over grafts, and between the areas there is but little secretion. The dressing over the grafts contains very little secretion when removed.

September 30. Antinosine dressing still used; area covered by grafts is all dry, and the grafts seem healthy wherever the crusts of antinosine are detached. Patient up and around ward every day and feeling very well. Remainder of denuded surface looks healthy.

October 7. Patient taken to operating room, where the greater part of the scalp in front of the parietal suture was covered with skin grafts. Grafted area covered with oiled rubber tissue in strips and antinosine used as a dressing.

October 15. Grafts doing fairly well. They are covered with a crust formed by the antinosine and secretions; some few have been lost.

October 20. Most of the grafts have been lost, owing to the crust of antinosine having confined pus and thus prevented the union of the grafts to the granulating surface beneath. The granulations are of a very poor grade and break down very easily, so that the grafts do not receive the proper blood supply, and in this way the grafting proved a failure, owing to the unfavorable physical condition present as well as pus, which was retained by the crusts.

October 31. Patient's head grafted again last night, about one-half of the surface being covered.

November 8. Recent grafts seem to be taking nicely. The old grafts which took so well and have been apparently normal since September 30, are beginning to break down in places.

November 15. Where powdered antinosine was used it formed crusts which retained secretion and caused ulcerations. One spot on the left temple about four inches square in area has ulcerated.

Have removed all the crusts and applied salt solution. Seems to be doing well now; a few of the late grafts have taken and are spreading from the periphery.

November 23. Surface over left temple and upon right parietal region regrafted this afternoon; rubber tissue strips with oil applied to the grafts and salt solution gauze used as a dressing.

November 26. Dressed with sterilized olive oil; grafts seem to be taking nicely.

November 30. Olive oil seems not to be indicated. Now trying dry boric acid powder; large amount of pus present.

December 8. Dressing surface over the grafts with a strong solution of antinosine; suppuration much less.

December 15. The few remaining skin grafts are apparently sloughing off gradually; using a strong solution of antinosine on them.

December 31. All of the grafts have sloughed off. The skin from the edge of the scalp is growing slowly upward.

January 13, 1900. Grafted patient's head this morning; the grafts were placed along the circumference, extending from the temporal region on one side to the other. A strip about one-half inch in width was grafted and dressed with sterilized olive oil and saline solution.

January 15. No discharge; grafts appear to have united to the underlying tissues.

January 31. About one-half of the grafts have sloughed off. The remaining grafts appear to have a good union.

February 10. All of the grafts with the exception of a few along the edge of scalp have sloughed off. No antinosine used during this period, so the sloughing was not due to the dressing used, the physical condition of the granulations being responsible for the failure of the graftings.

February 15. Several new grafts were put along the edge of the old grafts which had united; strips of oiled tissue placed over the grafts and saline solution used, boric acid powder placed on grafts four days later.

February 20. Most of the grafts have sloughed away, owing to the large amount of pus present.

March 1. A few of the last have taken, otherwise about the same.

March 9. Since March 2 antinosine was again used; since this

time the grafts which united have grown from their periphery and most of the pus has disappeared.

The above history gives the exact details of the most unsatisfactory case for skin grafting that has entered the hospital. Almost every known measure and dressing has been used without permanent success. While antinosine was not successful as yet, it produced the best effects of any of the dressing agents used, and has succeeded in saving the only grafts which did take, as well as assisting in procuring a union of the first skin grafts which were used. The condition of the scalp itself is wholly responsible for the failure up to date.

CASE III.—Man, aged 15 years, white; occupation, laborer.

Patient was brought to the hospital November 30, 1899, having been knocked down by a street car and dragged by the fender for some distance.

Examination of the left leg revealed a large area denuded of skin and cutaneous tissue. This area was comprised of the inner and posterior surface at the knee-joint. The communicating wound into the knee-joint on the inner side was noted. The denuded space was about 9 by 5 inches in extent.

The wound was thoroughly cleaned with antiseptic solutions, drains were put in the wounds leading into the knee-joint, and a two per cent. carbolic acid pack put on wound and bandaged.

December 3. The two sinuses leading to the joint apparently closed. There is considerable pus present about the wound; antiseptic dressing still used.

December 8. Large amount of pus present; began using antinosine dressings.

December 9. Removed sloughing parts from wound to-day. There is less pus and the wound is looking well.

December 15. Have been *painting wound* with a paste made of antinosine. Pus has about disappeared; strips of rubber tissue have been placed over the edges of the wound.

January 10. The upper half of the wounded surface was grafted with skin December 29. Strips of rubber tissue, soaked with olive oil, were placed over the grafts, and gauze saturated with saline solution placed over the rubber strips. Four days later a dressing consisting of gauze soaked with a strong solution of antinosine was substituted for the saline solution. There is no secretion present and the grafts have taken to the underlying structures.

January 14. Grafts have all united and present a healthy condition; no further stimulating dressing required. The lower half of the wound was grafted to-day, and rubber strips placed over the grafts and saline solution dressing placed over the grafts.

January 30. The grafts have all taken, but there is a considerable amount of pus about the grafted surface. This last grafting was treated with normal saline solution, no antinosine being used. A good result is evident, yet there was a greater amount of pus present.

February 10. The last grafts have all taken, although it has required a longer period of time to obtain this result than that of the grafts treated with antinosine.

Conclusions.—In the first case a complete success followed the use of antinosine dressing, the time being remarkably short for a complete repair for such a large surface of grafted skin. No untoward after-effects relative to the grafted surface occurred, and when the patient left the hospital his hand was in good condition and showed no tenderness when pressure was made on the grafted area.

The second case was not a success as far as the present writing is concerned; yet the best result which had been obtained in this case was through the use of antinosine dressings, as all other agents failed to produce any kind of a result. At present antinosine dressings are being used and under their effect a strip of skin about one inch wide, along the edge of the original edge of the scalp, has extended inward over the granulations and present a normal condition.

The third case was a successful one. But half of the denuded surface, which was first grafted with skin, made a rapid repair, having no pus of any consequence. The lower half, which was grafted later on, and treated with normal saline solution, made a good repair; but the time in getting the result was longer and was accompanied with a considerable amount of pus.

The Western Ophthalmologic and Oto-Laryngologic Association will hold its next annual meeting in St. Louis, April 5, 6, and 7, 1900. A most interesting, scientific and entertaining program has been prepared, and from the number of promises which have already been made the prospects for a large attendance are exceedingly good.

PSEUDO-LEUKEMIA—A REPORT OF TWO CASES.

BY A. H. OHMANN-DUMESNIL.

Among the affections of the lymphatic system there is perhaps none which is more obscure than pseudo-leukemia. The small knowledge which is at present possessed by the medical profession in regard to the lymphatic system and its diseases is in great part responsible for this. The fact that, after much painstaking effort on the part of anatomists, so little has been definitely established concerning the lymphatic system may, in great part, account for this lack of knowledge in regard to the diseases to which it is subject. What is known is that pseudo-leukemia is caused by tuberculosis, leprosy, syphilis, elephantiasis Arabum and perhaps some other conditions, each one in turn being dependent upon some specific cause.

No attempt will be made here beyond narrating two cases which not only improved, but of which one was completely cured in a short time. Whilst one bears a great resemblance to Hodgkins' disease, the other would not lead to any idea of the sort. In fact, in neither one was the thought entertained that a true example of this trouble existed, although there was some little doubt in regard to this matter in the mind of the writer. The lymphatic implication was present, and this was certainly sufficient. Besides this, blood examinations confirmed the diagnosis, and, with this for a foundation, treatment was inaugurated with complete success in one and improvement in the other.

The following two cases will perhaps be found more interesting as illustrative both of the condition and of the treatment than a long dissertation on the subject would be, and for this reason they are given here. It will be noted that one was much more severe than the other and did not yield as readily.

CASE I.—Miss L—, a well-developed and well-nourished blonde of 16, applied to me for the treatment of quite a large tumor of the left side of the neck, situated at the border of the ramus of the jaw and extending down some three inches. In its horizontal diameter the tumor measured about four inches, and was more or less nodulated and nearly two inches through. It had been some time in growing, and the physician in her town called it scrofulous and proposed excising it. As she refused this method she was referred to me for advice. Upon examination of the family history, the anamnesis, and direct examination of the

tumor, tuberculosis as a possible cause was rejected. A drop of blood under examination showed the trouble to be pseudo-leukemia. Acting upon this, the treatment ordered consisted of the following:

R Iodo-bromid calcii co. (Tilden) ʒxvi.

Sig. A teaspoonful in water four times a day.

In addition to this the patient was ordered to rub in well the following ointment:

R Tinct. iodini co ʒj

Ung. aquæ rosæ ʒj

M.

Sig. Rub in twice daily.

After two weeks of this treatment a perceptible diminution in the size of the tumor could be made out on mere inspection. The treatment was continued, and in about two months there was no vestige left of the tumor which had existed. An examination of the blood showed it to be normal. The condition of the patient was excellent and it has remained so. To-day, after a lapse of over three years, she continues healthy, and there has not been the slightest indication of a return of the trouble.

CASE II.—Mr. R—, a man, already past 50, consulted me in regard to a trouble which had annoyed him for quite some time. He complained of a large number of varied symptoms, which were all referable to one cause. He had enormously enlarged lymphatic glands in the groins, which were so interwoven that they presented one large mass on either side. Enlarged as well as indurated glandular masses existed in the axillæ, upon both sides of the neck and along the right sterno-cleido mastoid muscles. Much complaint was made of an “asthma” which annoyed the patient very much. This and the failure to relieve him had made him very weak. The condition was determined to be pseudo-leukemia and the difficulty in breathing caused by the lymphatic tumors in the chest cavity. Acting upon these findings the following was ordered:

R Iodo-bromid. calcii co. (Tilden) ʒxvj.

Sig. Two teaspoonfuls in water four times daily.

For external use the following ointment was ordered applied to the enlarged masses twice daily:

R Tinct. iodini co ʒiiss.

Ung. aquæ rosæ ʒij.

M.

Sig. Apply thoroughly twice a day.

In a very short time the glandular masses softened. In a few weeks respiration became easier and soon thereafter it was normal. The patient complained of weakness and was given Vin Mariani, which aided him considerably. In order to accentuate the action of the remedy he was taking he was given arsenauro in ten-drop doses after each meal. At last accounts he was doing well.

Such is a brief outline of two cases of a trouble which is acknowledged to be most difficult to relieve, let alone cure. Were examples of pseudo-leukemia more numerous a line of treatment might be formulated which perhaps might prove specific. This not being available at present and knowing well the good effects of iodo-bromide of calcium upon the lymphatic glandular structures, I employed it with the good results recorded above. It is a safe and a reliable remedy and its worth and value have been fully demonstrated in a large number of conditions which require an alternative of undoubted strength and virtue.

The two cases which have been outlined above are such as to suggest the possible value of this remedy in tubercular glands. It is well worthy of a trial, as it seems to have an elective affinity for lymphatic glands, and by its action upon them may so act upon the tubercle bacilli as to render them innocuous, if it cannot destroy them. In one case of strumous glands of the neck in a girl which the writer treated it acted well, although it required some considerable time to effect a cure, which seemed absolute, although it might only have been apparent. For six years there was no return, and then the patient passed out of sight, having removed from the city.

New Orleans Polyclinic.—The report has been circulated that the New Orleans Polyclinic has been suspended on account of small-pox in New Orleans. This statement is absolutely false. The Polyclinic has had a continuous course since November 20, and will continue until May 12. The small-pox situation in New Orleans has at no time justified any apprehension on the part of students attending the Polyclinic or on the part of those who might wish to do so.

ISADOR DYER, M.D.,

Secretary New Orleans Polyclinic.

February 24, 1900.

ON THE TECHNIQUE OF EXCISION OF THE SUPERIOR CERVICAL GANGLION OF THE SYMPATHETIC FOR GLAUCOMA.

BY JAMES MOORES BALL, M.D., OF ST. LOUIS,

President of the St. Louis Academy of Medical and Surgical Sciences; Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons; Oculist to the St. Louis City Hospital and the St. Louis and San Francisco Railway.

Since the operation of excision of the superior ganglion of the sympathetic has been performed for glaucoma a number of times in Europe and a few times in this country, and as such operations may be done more frequently in the future, I have thought that an account of the manner of making this operation may be of interest.

This is a major operation, demanding general anesthesia, scrupulous cleanliness, and an accurate knowledge of anatomy.

The skin from the clavicle to the ear, and from the median line in front to the spine posteriorly, should be shaved, scrubbed, and a bichloride pack applied several hours before the operation. The hair behind the ear should be removed from a surface half the size of the palm. Immediately before the operation the skin should be washed in a strong solution of potassium permanganate, which is followed by a solution of oxalic acid. Bichloride is used as a wash just before the operation.

The steps in the procedure are: 1, the incision and separation of tissues down to the vertebral column; 2, identification of the sympathetic and excision of the superior ganglion; and, 3, closure of the wound and after-treatment.

1. *The incision* should be five inches in length and should be made always behind and parallel with the posterior border of the sterno-cleido-mastoid muscle. It should begin at a point over the occipital bone corresponding to the origin of the muscle. The incision generally involves the external jugular vein, which is tied in two places.

After cutting the skin and superficial fascia, the deep fascia is reached and the spinal accessory nerve is cut, permitting the operator to separate the sterno-cleido-mastoid completely from the adjacent tissues. The deep dissection is done with the fingers or with a blunt instrument, never with a sharp one. The upper part of the wound can be enlarged by cutting with scissors until the

skull is reached. It is very important to do this if one expects to remove the greater part of the superior ganglion. The separation of tissues down to the vertebral column can be done rapidly with the fingers provided the operator follows the intermuscular fascia. The carotid sheath is pulled forward with the sternomastoid by a retractor and the trapezius backward in the same way, thus permitting an inspection of the deep wound. The landmarks to be followed are the transverse processes of the vertebræ.

2. *The identification of the sympathetic* is sometimes easy, at others exceedingly difficult. The variations in the size and situation of the cervical sympathetic cannot be appreciated by reading text-books on anatomy, but must be observed on the living subject. The books describe the sympathetic as enclosed in a sheath separate from and behind the carotid sheath. This often is not true. I have several times seen the sympathetic lying alongside the pneumogastric enclosed in the same fascia with the internal jugular and carotid. On this account, and for the additional reason that the pneumogastric and sympathetic often are of the same size, I deem it wise to open the carotid sheath extensively and follow the nerves downward to the point where the ganglion is located. This of course will settle the identification, since the pneumogastric has no middle ganglion. If the middle ganglion of the sympathetic should be absent the operator should follow each nerve upward to the furthest possible extent. The spindle-shaped superior ganglionic expansion of the sympathetic serves to identify the nerve to be excised. If this method of identification should fail, the operator can pick up each nerve separately and irritate it, and watch the effect on the heart. The one whose irritation affects the heart should not be excised.

The operator cannot depend on the size of these nerves. I have seen the two lying together of the same size and color. I have seen the pneumogastric so much atrophied that it was scarcely larger than a pin's head: and the sympathetic may be large or small.

The nerve having been identified, the next step is to excise the ganglion. The operator first separates the ganglion to the base of the skull: the numerous branches given off from the ganglion are cut: the ganglion is held taut with forceps by an assistant, while the operator places the left index finger under it and cuts the

ganglion as high as possible, using strong curved strabismus scissors. The excision is completed by severing the nerve-strand an inch below the ganglion.

3. *The closure of the wound* is done by superficial sutures. I do not think it necessary to use deep sutures. The after-treatment in my cases has been uneventful. The first patient was put up in a plaster dressing which was uncomfortable and, as I now know, unnecessary.

3509 Franklin Avenue.

The Institute of France has received from M. Osiris a sum of money sufficient to yield a triennial prize of 100,000 francs, to be awarded in recognition of the most remarkable discovery from the point of view of general interest. M. Osiris makes special reference to the field of medicine and surgery, and the prize is open to all countries.

International Congress of Medical Electrolgy and Radiology.—At the request of the French Society of Electrotherapy and Radiology, the International Congress of Medical Electrolgy and Radiology, the initiative of which it has taken, is connected to the International Congress of 1900.

A commission, which is composed of Messrs. Weiss, professor at the University of Paris, president; Apostoli and Oudin, vice-presidents; Doumer, professor at the University of Lille, general secretary; Moutier, secretary; Boisseau du Rocher, treasurer; and of Messrs. Bergonié, professor at the University of Bordeaux; Bouchacourt Branly, professor at the Catholic Institute of Paris; Larat, Radiguet, Villemin, surgeons of the Hospitals of Paris, have been asked to assume its organization.

This congress will take place in Paris from the 27th of July to the 1st of August, 1900.

All inquiries for further information must be forwarded to Professor E. Doumer, general secretary, 77 Rue Nicholas-leblanc, Lille.

Adhesions are to be sent to Dr. Moutier, 11 Rue de Miromesnil, Paris.

FOUR CASES OF DIABETES MELLITUS OF APPARENT BACTERIAL ORIGIN, AND THEIR SUCCESSFUL TREATMENT.

BY J. P. SHERIDAN, M.D.

In the latter part of 1898 a writer in the *Medical Record* related his experience with bichloride of mercury in the treatment of diabetes mellitus, and advanced the novel theory of the bacterial origin of this affection.

At the time of publication of the article in question I had some diabetics under treatment. As a moderately rigid antidiabetic diet and the time-honored remedies did not check the glycosuria in my patients, I adopted the newly-proffered theory, and eagerly prescribed the advocated chemical.

To-day, after a year's trial of germicidal remedies in diabetes, I have become a firm believer in the bacterial origin of diabetes. It is true the bichloride of mercury did not prove a success in my hands, but this only tends to demonstrate the existence of a peculiar diabetic toxine, which has to be combated by other means. This toxine, in my opinion, is particularly apt to attack the nervous matter, which in turn gives rise to the well-known disturbance of metabolism in diabetes—namely, preventing the deposition of glycogen in the liver and muscles, and causing its discharge by the kidneys in the form of grape sugar. The irritation of the vasomotor centres, to which may be attributed all the symptoms of diabetes, seem to be caused by this toxine. It is plainly the physician's duty to eliminate the toxic influences, for he thereby relieves the irritation of the nervous centres. However, he must be most careful in the selection of the proper remedy and in the administration of its indicated dose. The failures in diabetic therapy have to be ascribed either to a wrong medicine or its improper administration, or to both. The ideal antidiabetic drug should not only exert distinct germicidal and antiseptic powers, but should be a powerful alterative. At the same time the system should not become weakened and emaciated by its prolonged administration. On the contrary, the ideal diabetic remedy should afford great tonic properties.

Bichloride of mercury and auri et sodii chloridum, which latter is so much lauded of late by a Chicago physician, possess some of these desiderata, but neither proved of any success in my hands in the treatment of diabetes mellitus. This non-success is due to three factors:

A. The specific toxine of diabetes is affected only by a specific antiseptic.

B. Bichloride of mercury or auri et sodii chloridum, when pushed to their physiological tolerance, do not effect the decline of the glycosuria.

C. Bichloride of mercury, as well as chloride of gold and sodium, when administered for any length of time and in larger doses, reduce the oxidizing power of the red blood cells, thereby weakening the system and producing rapid emaciation.

The remedy answering all the demands for an ideal antidiabetic I find in a combination of bromide of gold with bromide of arsenic, called by its makers "arsenauro." This preparation undoubtedly exerts a specific influence upon the bacteria and the toxine of diabetes mellitus, which is elucidated by the following four cases:

CASE I.—Mr. C. L., aged fifty, American, clerk, consulted me on June 8, 1898. Family history was negative. Patient complained of polyuria, the existence of which dated back about three months. The frequency in urination he thought to be due to a stricture, the possible result of a neglected gonorrhea. Patient had a moderate appetite, felt quite thirsty at times, and had lost some weight. The urine (which was voided to the amount of about seven pints daily) on June 10, 1898, showed a specific gravity of 1,038, and contained 7.1 per cent. of sugar, as ascertained by means of Stern's urinoglucosometer. A restricted diet and the administration of codeine caused only a moderate improvement of the symptoms. Bichloride of mercury, which was given for the last three weeks of December, 1898, in the doses recommended, not only produced no beneficial influence whatsoever upon the diabetic condition, but actually aggravated the condition of the patient. Early in July, 1898, my attention was drawn to the chloride of gold and sodium, which was handed to the patient in tablet form, and administered first in doses of a fiftieth of a grain. The dose was gradually increased to a twentieth of a grain. After five weeks' trial of this drug it had to be abandoned, as the condition of the patient had become alarming in the meantime.

At about this period I ran across an article in the *New York Medical Journal* regarding the use of arsenauero in diabetes, and determined to test this product, having previously used it with satisfactory results in malarial toxemia.

On February 7, 1899, eight drops of *arsenauro* were given in half a glass of water three times daily. The restricted diet was ordered to be continued. Patient reported to me in one week. The glycosuria and polyuria were greatly diminished. The feeling of thirst was not experienced any longer, and he expressed himself as feeling perfectly well. The dose of *arsenauro* was gradually increased until he reached his full limit of toleration, which supervened at 50 drops. The quantity was lessened to forty-five drops, and continued in this dose for sixteen weeks. After this period I examined the urine, which revealed a specific gravity of 1,020, and was absolutely free of sugar. Patient was discharged as cured, with the instruction to continue the *arsenauro* for at least six months.

CASE II.—M. H., a woman, aged thirty-four, American, unmarried, came to consult me September 11, 1898. In July previous, during the hot spell, she perspired greatly, and suffered from excessive thirst. Her weight, which normally was a hundred and sixty-five pounds, had diminished to a hundred and thirty-five pounds. Frequent micturition was distressing her greatly. Appetite was voracious for some time, and her strength gradually declined. When first seen by me the daily quantity of her urine amounted to eight pints. Specific gravity, 1,046; sugar, 7,538 grains a day. She complained of incessant thirst, inordinate appetite, pain in the back and extreme feebleness. She was put on a restricted diet on September 20th, but no medication given her. Patient improved somewhat, but not sufficiently. In December, 1898, bichloride of mercury was given, and the same diet continued, without effecting any noticeable change in the patient's condition. In February, 1899, she was put on *arsenauro*, and the same diet still continued. The medicine was started in eight-drop doses, three times daily, to be taken in a glassful of Vichy water. Ten days after, great improvement had taken place. The urine became reduced to forty-nine ounces, specific gravity 1,028, and the sugar output to 210 grains for the twenty-four hours. After this the dose of *arsenauro* was gradually increased until the patient reached her full physiological limit; this took place at forty-drop doses—that is, after the administration of two drachms a day. Patient was instructed to occasionally discontinue the administration of the remedy for twenty-four hours, and then to start again on thirty-five drops.

This latter dose was taken for some months with the result of

rendering the urine entirely free from sugar. She was advised to continue with the medicine for at least six months longer. I examined her urine of late and found it absolutely normal and free from sugar.

CASE III.—H. E. B., a man, aged thirty-seven, American, railroad conductor, consulted me in March, 1899, on account of an irritable bladder. Patient was compelled to urinate quite frequently during the day as well as during the night. His other symptoms left no doubt as to his real affection—diabetes mellitus. The disease, so far as I could ascertain, dated back for about a year, and seemed to be devoid of further complications. The quantity of urine voided varied from twelve to fifteen pints a day, with an average specific gravity of 1,042. Sugar averaged 4,000 grains for twenty-four hours. The treatment consisted in restriction of diet and the administration of arsenauero, ten drops of which were ordered to be taken in half a goblet of water three times a day. This dose was gradually increased until patient took sixty drops three times daily. When this quantity, three drachms, was taken every day, the patient's lids began to puff, and his bowels became loose and caused griping. The medicine was discontinued for twenty-four hours, but again ordered to be taken in fifty-five-drop doses. Patient had taken the fifty-five-drop doses for eight weeks, when I again examined his urine, which contained only a trace of sugar. One month later he was perfectly well, and all vesical irritation had disappeared—in fact, I pronounced him well. I advised patient to report to me from time to time, but to continue the arsenauero for at least six months.

CASE IV.—B. R., aged forty-seven, a woman, unmarried, American, milliner, thin and emaciated, able to attend to her business, consulted me April 12, 1899. Patient complained of great weakness, which had gradually increased for several months. She had excessive thirst, and had voided a greatly-increased quantity of urine, but her appetite was moderate. Her skin was dry, and she complained of intense pains in the calves of her legs, especially in the morning. There was distressing pruritus vulvæ present. The specimen of urine sent to me for examination presented a specific gravity of 1,045, and contained 8.1 per cent. of sugar. I restricted the patient's diet as to starches and sugar, and placed her at once on ten-drop doses of arsenauero, to

be taken in a half tumblerful of water three times daily. After one week the dose of arsenauro was increased three drops every day until she reached its toleration. Physiological saturation was obtained when forty-five drops were taken three times a day. The administration of the remedy was then stopped (as I am in the habit of doing) for twenty-four hours, after the lapse of which it was again ordered to be taken in forty-drop doses. This dose was kept up for six weeks. On July 3d she had gained seven pounds in weight; urinalysis demonstrated entire absence of sugar; the pruritus had entirely disappeared, and there were no evidences whatsoever of symptoms pertaining to diabetes mellitus. Patient was advised to continue the medication for at least another six months.

The four cases which so readily yielded to this antitoxic treatment were apparently of bacterial origin. Arsenauro, by saturating the system, arrested bacterial activity, or killed the germs, or neutralized their toxins. However, only by saturation with the proper medicine—and, by the way, arsenauro is the only powerful alternative neutralizer which can be pushed to an almost incredible dose without doing bodily harm—can such results as are recorded in the foregoing be obtained.—*New York Medical Journal*.

Atavism in Medicine.—If one had the time, the ability and the inclination, it would not be difficult to write a considerable volume upon this fascinating theme. Reversions of type, physical, mental and moral, are so frequently encountered in medical practice that they must be taken into practical account in diagnosis and treatment. Many interesting questions—for instance, the former function of the appendix vermiformis—still await solution. The atavistic theory of the origin of tumors has able supporters. The dreadful manifestations of sexual perversion have been graphically portrayed by Krafft-Ebing. The much-married Mrs. Eddy's propaganda of "Christian Science," when observed closely, is perceived to be only a veiled modification of the ancient phallic worship. One of the principal creeds of her cult, so different in this respect from the Christ or the Jehovah of the Scriptures, is copulation without procreation. Indeed, as we look more deeply into these curious atavistic phenomena, we are inclined to believe that do-nothing hypocrisy and marital onanism are "Mother" Eddy's strong cards.—*Gaillard's Med. Jour.*

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EDITORIAL.

THE TRI-STATE MEDICAL SOCIETY.

The Tri-State Medical Society of Illinois, Iowa, and Missouri will meet in St. Louis, April 3 and 4, 1900. From the preliminary work which has been done, it promises to be a most successful convention. This society is one of those which has always been characterized by a large and enthusiastic number of members. The time has, however, been utilized to its fullest extent in the reading of valuable papers and in profitable discussions thereon. The two meetings of this society which have been held in St. Louis were undoubtedly successes. They were largely attended, and we can safely predict that this one will also be one conspicuous for the number of prominent men who will be present. The President, Dr. Campbell, has been ably seconded by the older members of the society, in his efforts to achieve a success, and we have no doubt that victory will crown their efforts.

The meetings are to be held in the Planters Hotel, and those who have attended a former meeting there will remember what a great success it was. The Committee on Program will soon

have the list of papers ready for distribution, and we are assured that it comprises a large number of unusually good contributions. At the date of this writing nothing definite can be stated, as the Committee on Program has not yet arranged the material which has been promised by the members who will be present at the meeting. That this convention will be a great success goes without saying, and that it can be made a still greater one by the attendance of the leading physicians, not only of adjoining States, but of the whole Union, is also as patent. St. Louis, with her wonted hospitality, extends an invitation to all to be present.

QUACKERY, OPEN AND PHARISAICAL.

One of the peculiar traits of the human mind is to have an awe for the mysterious and more or less belief in the occult. Some, otherwise reckoned as intelligent, through atavism perhaps, bear lingering traces of this weakness. Others who are too indolent to think, or who have never cultivated that very essential faculty, swallow everything that is offered to them. But it is always the mysterious, the unexplainable, and the wonderful that produces the effect, so great that unlimited credulity is engendered by it. The child is but father to the man, and its belief in fairy tales is not more absurd than the latter's in the equally as wonderful but better constructed fables of those who are imposing upon his credulity. The East Indian fakirs have produced the most wonderful phenomena which a German investigator absolutely proved had no existence. The tree that he saw standing before him, which had attained a growth of sixty feet in as many seconds, did not exist for a photographic camera. He and other witnesses had simply been hypnotized.

Quackery cannot even lay claim to being a delusion or an illusion. It is a pretense, a snare and a danger to the community. The open quack, however, is an honorable individual when compared with the pharisaical one. He advertises boldly and pays for his advertisement. He tells the dear public how much superior he is to all others, and how his long experience and large number of cases of special diseases have peculiarly fitted him to hold the exalted position he occupies in the medical world. He has the effrontery to invite physicians to call upon him and learn. He is simply magnificent in his advertisements, paid at so much

per line. He prospers, he wears diamonds, even though they be of the Alaskan variety. He branches out in his business and hires medical graduates to run his branches at a salary which, while it is not enormous, is more than the pitiful and ignorant young graduate could hope to attain in many years. These poor things must prescribe certain unknown mixtures in certain affections whether they have made a diagnosis or not, and the gullible fools are fleeced by the open quack.

The pharisaical quack is of a totally different liver. He advertises, it is true, but not honestly. He gets a write-up in the Sunday newspaper (it has a larger circulation than the daily), and the only cost is in the shape of a *douceur* to the reporter who is his friend. He goes to church most ostentatiously and is called out still more so by the sexton, who informs him of the call in a very loud stage-whisper. He contributes to charity when his name is printed in connection with his donation. He is strictly ethical until caught backsliding. He rolls his eyes up at the slightest thing which is not thoroughly refined. He never speaks of his mental and professional superiors unless it be to express the wish that their conduct were better. On their qualifications he remains absolutely dumb. His strong lead is his absolute purity of life and his high regard for the code of ethics. His practice is to squeeze the last penny out of the poor and to sneak the back way to consult with irregulars—if there is something in it. He will use nostrums when legitimate remedies, ignorantly given or misapplied, fail. He is a sham, a hollow pretense, and a fraud. He never knows anything. He only supposes and thinks (Heaven save the mark).

We could go on pointing out more traits of this evil object; but enough has been said to lead us to inquire, which is the more despicable of the two we have imperfectly described? It is the same difference as exists between the burglar and the sneak-thief. One has the courage to announce himself openly and to run the risk of adequate punishment; the other worms himself and does his unclean work. The former does not deny that he is a quack and relies upon a gull being born every minute. The latter stands up in public places and shouts aloud, "I am better than my brother! I have a pew in church. I sing psalms, and he reads medical books and looks through a microscope." And he could add with as much truth that he is rich and his more intelligent fellow-practitioner is poor.

There is one rift in the cloud which we have shown and that gives us a glimpse of the fact that the vast majority of the medical profession are conscientious workers and honest toilers in their chosen field. They are men who abhor pretense, who are but too glad to seek help and honestly avow that they do not know all; who are quick to accord praise where it is due and who are quick to recognize ability in others. Let us all encourage these and enroll ourselves under their banner. They possess two of the noblest attributes of man—they are honest and truthful.

The Samuel D. Gross Prize.—One thousand dollars is offered, and no essay which the trustees deemed worthy of the prize having been received on January 1, 1900, they hereby announce that the prize will be awarded on October 1, 1901.

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "trustees of the Samuel D. Gross prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. Thirteenth Street, Philadelphia," on or before October 1, 1901.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

W. W. KEEN, M.D.,

J. EWING MEARS, M.D.,

J. CHALMERS DA COSTA, M.D.,

Philadelphia, February 20, 1900.

Trustees.

MEDICAL PROGRESS.

MEDICINE.

Chronic Dyspepsia Successfully Treated With H_2O_2 .
—Dr. Geo. A. Gilbert of Danbury, Conn., says: The case here-with subjoined is one of interest on account of its typical character, its long-standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., æt. 40, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states, that in order to get relief he has spent all of his wages upon various doctors, specialists, quacks, nostrums, etc., and swears that he is worse to-day than on the day he first landed in this country.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucus. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions

upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of ozonized water, made of one part hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals a drachm of glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned. On September 1st the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds, and believed himself to be completely cured.—*New England Medical Monthly*.

Influenza.—The catarrhal element of influenza is very constant. Catarrh of the nasal, buccal, pharyngeal, and laryngeal mucous membrane in most cases requires no special attention. The supraorbital pain so often resulting from catarrh extending to the frontal sinus, it is said, may promptly be relieved by pencilling the nasal mucous membrane with a 5 or 10 per cent. solution of cocain. For acute catarrhal pharyngitis, gargles, sprays, and washes containing borax, boric acid, potassium chlorate, etc., are most useful, for example:

R	Acidi carbolici	gr. xij.
	Sodii boratis	℥ij.
	Sodii bicarbonatis	℥j.
	Glycerini	℥ss.
	Aquæ rosæ, q. s. ad	℥vij.

M.

Sig. Use as a gargle, spray or wash.

Influenza With Bronchial Catarrh.—The bronchial catarrh—which, however, may be absent—demands simple treatment medicinally. As a rule, cough syrups are inadvisable, as they tend to nauseate and to increase anorexia. A simple syrup that may prove useful is the following:

R	Morphinæ sulphatis	gr. ss.
	Syrupi scillæ	℥ij.
	Syrupi lactucarii	℥ss.
	Aquæ	℥vj.

M.

Sig. A teaspoonful every second, third or fourth hour.

With Severe Bronchitis.—When bronchitis is pronounced, more stimulating agents will be required. Ammonium chlorid in varying combinations will act with much advantage; thus:

R	Ammoni chloridi	℥j.
	Misturæ glycyrrhizæ comp	℥vj.

M.

Sig. A tablespoonful every third or fourth hour.

Counter-irritation should always be practiced. Sinapisms applied over many areas are useful, but the best results are afforded by turpentine, applied as stupes or warm upon flannel. Blistering can hardly be required. In most cases of influenza the bronchitis is mild and does not involve the smallest bronchial tubes.—*I. E. Atkinson, in "Wilson's Text-Book of Applied Therapeutics."* (*Jour. Am. Med. Ass'n.*)

On Dwarfism and Related Growth Disturbance.—Joachimsthal (*Centralblatt für Chirurgie*) spoke in the Fr. Vereinigung der Chirurgie, Berlin, of his experience, gathered from transillumination with the Roentgen rays, of patients suffering from growth disturbance, demonstrating Roentgen pictures at the same time. The objects of his research were, in the first instance, a series of individuals affected with the so-called dwarf-growth (*zwergwuchs*), namely well proportioned, mentally normal persons, who had, however, remained small. Although the age of these people varied between thirty and thirty-six years, thus corresponding to a period in which normal growth

has already long ago ceased, nearly all of them positively asserted that they were still growing more or less. And in truth Joachimsthal found the epiphyseal cartilage distinctly present in six out of eight who were examined, and in other respects also did the bones correspond fully to the childish character.

Another 12-year-old patient, suffering from the disease formerly designated in general, "fetal rachitis," and by Kaufmann, "chondrodystrophia fetalis," who so notably remained behind in her growth that she hardly attained the size of a 2½-year-old child, with a length of body of 83 cm., did not reveal in the skiagram picture any irregular formation of the diaphyseal ends, which is obviously caused by the adhesion of the periosteum between the epiphyseal cartilage and the diaphysis, but only an abnormal growth of cartilage and a total absence of ossification, as against the condition present in children who had passed through a genuine rachitis. By a linear osteotomy on both legs an existing genu varum duplex was removed, and an elongation of 2½ cm. obtained.

Joachimsthal finally also demonstrated pictures of a 12-year-old girl, suffering from a disturbance of growth due to cretinism. Size of the body (110 cm.) as well as the ossifications corresponded to those of a 7-year-old child.—*Pediatrics*.

THERAPEUTICS.

A New Analgesic in Rheumatic Cases.—Dr. R. Weil, of Berlin (*Allgem. Med. Central Zeitung*, No. 4, 1900), has lately published some observations which show that aspirin, the new derivative of salicylic acid, is not only a distinct acquisition to the treatment of rheumatism, but also bids fair to be of great value as an analgesic. The first case reported was that of a woman suffering from cancer of the uterus in the later stages, attended with intense pains. As morphine and other anodynes proved ineffective, resort was had to aspirin, which was given in 15-grain doses, twice daily, with the effect of completely allaying the pains. In a case of cancer of the rectum the drug was used alternately with morphine suppositories, and in this way it was found possible to reduce the amount of morphine. A patient with commencing tabes who suffered from violent pains which prevented night rest, was much relieved by the administration of aspirin in 15-grain doses. Its action was manifested in from ten to fifteen minutes, although other remedies had been

previously employed without success. Finally, in a case of trigeminal neuralgia, probably of rheumatic origin, aspirin not only promptly afforded relief but also prevented recurrences of the attacks. The fact that aspirin is free from any of the unpleasant toxic effects of the salicylates renders it of particular service in these chronic painful conditions.

New Kind of Treatment for Consumption.—Dr. Mendel, Paris, has instituted a new kind of treatment for consumption, and which has given him considerable satisfaction. By means of a long curved syringe of the capacity of a drachm he injects through the mouth into the trachea about three drachms of the following solution:

Essence of eucalyptus,	
Essence of thyme,	
Essence of cinnamon	āā., 3j
Iodoform	ʒj.
Bromoform	gtt.x.
Sterilized olive oil	ʒiiss.

M.

The tracheal injection is practiced daily. The patient, who feels the solution trickling into his lungs, experiences an agreeable sensation of warmth, and does not cough. In his early experiments, Dr. Mendel operated with a mirror, but now he is able to dispense with that aid. The patient holds his tongue himself outside his mouth between thumb and finger by means of a napkin. The treatment is simple and inoffensive, and the effects varied with the stage of the disease. In patients in the first stage he has succeeded after two or three weeks' treatment in relieving the cough and expectoration, and even stopping them altogether; strength, sleep and appetite had also returned. In the two remaining stages of the malady the results were not so satisfactory, but still considerable benefit was obtained, expectoration easier and less abundant, strength and appetite improved.

In explaining the action of the treatment, Dr. Mendel says that the medicated oil injected into the orifice of the trachea descends slowly, bathing the walls. It thus penetrates the bronchial tubes, creating a large surface of evaporation at the point where the bronchial tubes branch out. Before the oil is absorbed the air entering the lungs is saturated with volatile odors that destroy the bacteria.

In certain cases where the tracheal injections could not be performed daily, he has substituted a medicated enema composed of a glass of milk with the yoke of egg, and from ten drops to two teaspoonfuls of the solution mentioned above. Excellent results have been obtained from this treatment.—*Scalpel*.

For Diabetes in Children.—The following formulæ are recommended by Legendre:

R Antipyrini..... ʒiiss.
Glycerini..... ʒj.
Aq. dest..... ʒv.

M.

Sig. One to four teaspoonfuls a day.

R Strychninæ sulph..... gr. $\frac{1}{10}$.
Sodii arseniat..... gr. $\frac{1}{8}$.
Codainæ..... gr. ij.
Quininæ valerianat..... gr. x.
Ext. valerianæ..... q. s.

M. Ft. pil. No. xii.

Sig. One to six pills a day.

—*Medical News*.

For After-Pains.—

R Tinc. viburn. prun.,
Tinc. hydrastis..... āā ʒiiss.

M.

Sig. Ten drops in a little water every two hours.

Relief is sometimes best obtained by means of rectal medication, as follows:

R Chloral hydrate..... ʒss-ʒj
Yellow of egg..... No. j.
Water or milk (warm)..... ʒij.

M.

Sig. For injection.

—VICAIRE, *Medical News*.

Influenza.—G. E. Crawford, discussing influenza, says that every case should be regarded as serious, and the patient put to bed until active symptoms disappear. The following prescription has been of service to the writer:

R Acetanilid..... gr. ij.
Caffeine..... gr. ss.
Camphor monobromide..... gr. j.
Capsicum..... gr. ss.

M.

Sig. Use at a dose and repeat as often as necessary.

—*Medical Record*.

Pomades Made With Yoke of Egg.—Unna (Hamburg) recommends this form of pomade, since it dries quickly and forms an adherent covering, and is a veritable base for any of the usual medicaments—ichthyol, sulphur, turpentine, starch, etc., which may be added in the proportion of ten per cent. To prevent decomposition one per cent. balsam of Peru should be added. The pomade is especially serviceable for cases of eczema, acne, and scabies.

℞ Yoke of egg 2 parts
Olive oil 8 parts

Sig. Rub together as if for a mayonnaise.

—*Medical News.*

Hemicrania.—The following pills are said to be useful in the treatment of hemicrania:

℞ Quinine valerianate 3ss.
Caffeine citrate gr. xv.
Ext. Indian hemp gr. iij.

M.

Sig. Make twenty pills and give two or three in the 24 hours.

—*Practitioner.*

Coryza.—In acute coryza the following snuff is effective if used early:

℞ Alum gr. iij.
Morphine sulphate gr. ij.
Cocain hydrochlorate gr. j.
Camphor,
Bismuth āā 3ij.

To be thoroughly mixed.

Sig. To be used as a snuff every two hours, a small quantity being used in each nostril.

—*Practitioner.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Bacterium of Eclampsia.—According to Dr. Levniovitch, in *British Medical Journal*, there is a definite germ in the blood in eclampsia. He found it constantly in forty-four cases of puerperal convulsions. They appeared as large, round, and oval cocci, very automobile. The oval cocci were the larger. He ranks these germs as planococci. In twenty-eight cases the blood was added to bouillon, gelatine, and agar, and in twenty-five of the samples the cultures were identical. The cocci grew best on nutrient media consisting of placental tissue. The cocci,

when cultured, were of different shape, and bore flagella. They were sometimes found in the blood before the first fit; indeed, they were detected in several patients, not in the present series, who had no convulsions, but suffered from headache, vomiting, and edema. They were invariably most abundant during the fit, and in about two days after the last fit they steadily diminished in number. At the same time an involution form of the coccus appeared, the centre not taking the aniline dye. Pure cultures acted pathogenetically on guinea-pigs. Within a month they died of acute anemia caused by hemorrhagic endometritis. Subcutaneous injection of pure cultures in non-gravid rabbits frequently set up tetanic spasms of short duration in different sets of muscles. Occasionally the cocci were detected in the blood of the infants of eclamptic mothers; in two infants fits occurred.—*Post-Graduate.*

Typhoid Inoculations.—An interesting article by Dr. A. E. Wright and Major W. B. Leishman, Professor and Assistant Professor of Pathology at the Army Medical School, Netley, on the results which have been obtained by the anti-typhoid inoculations and on the methods employed in the preparation of the vaccine, may be found in the *British Medical Journal*, Jan. 20th. Of 2,835 men inoculated in India from a force of about 11,000 troops, and a large proportion of those inoculated were unseasoned recruits especially prone to typhoid, only 27, or 95 per cent., took typhoid fever, and only 5, or 2 per cent., died; whilst of 8,460 uninoculated men, many of whom had passed safely through previous exposure, 213, or 34 per cent., died. These observers are inclined to the belief that the protection of inoculation may last at least eighteen months, and that the type of disease when contracted after inoculation is perhaps a mild one.

The conditions for keeping and preparing the material for inoculation were not in all respects favorable, otherwise possibly even better results might have been obtained.—*Boston Med. and Surg. Jour.*

A Case of Acromegaly Complicated by Symptoms of Raynaud's Disease.—A. Boettiger gives the history of a case in which the diagnosis of acromegaly is absolutely certain. Of especial interest, however, is the color of part of the skin of the fingers and hands, which was bluish-black, while here and there

were scattered brick-red patches of irregular outline. The hands felt cold and moist. Tactile sensation was normal for the hands, sensation of pain being dulled. The skin temperature was sub-normal. Heat and cold were clearly distinguished. The faradic sensation of pain was altogether absent in the skin of the fingers. Reflexes were normal. For both affections there seems to be a toxic etiology, the poison probably not coming from without, but being elaborated in the body itself. Autopsy frequently shows the same alterations in the vessels in both diseases.—*Med. Rec.*

DISEASES OF WOMEN AND CHILDREN.

Eleven Cases of Conservative Cesarean Operation with Transverse Fundal Incision.—Hahn (*Ctbl. f. Gynäk.*) states that up to October, 1899, Fritsch's conservative operation has been performed forty times. Hubl has added eleven cases to this material. The present author's series, also of eleven cases (from Kustner's clinic), brings the total up to sixty-two.

Hahn's cases are individually described. Two of the patients died, both from circumscribed peritonitis. In one case there was marked hemorrhage from uterine atony (this case has been independently reported by Kustner). The uterus was drawn out of the abdominal cavity for the purpose of massage, and was thought to have been infected from contact with the abdominal parietes. In the other fatal cases circumscribed suppuration occurred along the suture line. It was believed that the infectious germs must have pre-existed within the uterus. A Porro operation would therefore have been a better indication.

The advantages of Fritsch's operation are stated by most operators to comprise the slight degree of hemorrhage and the hemostatic action of the sutures, since the blood vessels pursue a transverse course. Hubl, however, states that some cases bleed profusely, doubtless because the placenta or some large blood vessel is involved in the incision. Hahn seeks to demonstrate that the chances of dividing the placenta are less in the Fritsch operation than in any other plan of interference. Thus Bidder found, in investigating the site of the placenta, that the latter was present at the fundus but eight times out of a total of 139.

In Hahn's eleven cases, however, the incision encountered some part of the placenta three times. In conclusion Hahn

states that further trial of the Fritsch operation will be given at Kustner's clinic.—*Obstetrics.*

Chloroform in Version.—Hansen states, in the *Medical Council*, that in version before rupture of membranes, and when cervix and os are well dilated or easily dilated, of course full anesthesia is not so imperative; but when the liquor amnii has drained away, and the uterus is firmly contracted around the fetus in a position that must be corrected, we have quite another proposition, and it is here that the anesthetic properly given is so useful, in both facilitating delivery and lessening the dangers to mother and child. In those cases in which the abdominal wall is relaxed from repeated pregnancies and abdomen is pendulous, in which malpositions are so frequently met, one can hardly believe to what extent anesthesia pushed until reflexes are abolished will assist him, until he has once attempted to turn without and then with its aid. In those cases in which version is indicated, and must be done before full dilatation has taken place, the anesthetic will make the efforts of the accoucheur much more easily accomplished, and less dangerous to both mother and child.

A Peculiar Case of Abortion.—Dr. B. L. Taliaferro reports the following case in the *Medical Register*:

X—, negro girl, aged 18, unmarried, came to the gynecologic room of the City Free Dispensary on November 23, 1899. General condition good; constipated; no bladder symptoms; no pain; missed last two menstrual periods; has had morning nausea, etc. On being asked for what reason she had come, said she had "falling of the womb," which had been noticed for the first time the previous morning, when she started out to her work. The night preceding she had taken medicine which she had obtained from a druggist to bring on her "flow," the absence of which was causing her no little uneasiness. The nature of the drug could not be ascertained, as the bottle had been destroyed.

The nurse having prepared her, I proceeded to examine for the "fallen womb." The external genitals were found normal in appearance. On separating the labia majora, a slender, black mass was seen projecting from the vagina. Examining this more closely, I was surprised to find that it was the left foot of a fetus.

A bivalve speculum being introduced, the thigh of the fetus was seen projecting from the os uteri, which was firmly contracted on it near the groin. She claimed that she had suffered no pain, and had been doing her usual house work up to this time.

She was taken to the Old Dominion Hospital and prepared for immediate operation. Under chloroform anesthesia, Dr. J. P. Massie, the obstetrician to the hospital, dilated the cervix, and delivered the three-months' fetus. The placenta, which was fairly well formed, was adherent, and had to be stripped off with the finger. The uterus was then curetted with a placental curette, all retained membranes and parts of the placenta being removed. The vagina was then irrigated with a weak solution of bichlorid of mercury, the uterus packed with sterilized gauze, a light packing being left in the vagina, and the patient put to bed. As soon as she could swallow, a drachm of fluid extract of ergot was given her. The day following her temperature was 99.8 degrees, pulse 90, and she had slight pains over regions of uterus. The packing was removed from vagina and uterus, and a hot vaginal douche of bichlorid of mercury (1-4000) was given. The second day temperature and pulse were normal. There was no further rise of temperature, and she was allowed to resume her usual occupation in two weeks, having been kept in bed the first seven days.

Disorders of the Menopause.—Cushing (*Annals of Gynecol. and Pediat.*), in a valuable discussion of the menopause, lays down certain axioms which must be the guide of the modern practitioner, and through him of a laity better enlightened than in previous times. These rules are: (1) All irregular or profuse hemorrhages about the period of the change of life are suspicious; they therefore require immediate, thorough and competent examination. (2) All cases of incipient cancer of the uterus are easily diagnosed by competent examiners, by the aid of the curette and microscope in doubtful cases, but usually by the presence and character of an ulcer. (3) All cases of cancer of the uterus in the early stages are susceptible of complete removal by total hysterectomy, with less than 2 per cent. of mortality in competent hands. There is in fact no organ of the body where cancer can be so totally and widely removed as in cancer of the uterus. (4) A large proportion, probably a large majority of cases where total extirpation of the uterus for cancer is performed early, quite

early, never have any relapse or recurrence in the scar or elsewhere. They are saved, and they enjoy not only life but the best of health.—*Ex.*

SURGERY.

Nausea of Anesthesia.—Nausea and vomiting following anesthetics is sometimes a distressing as well as dangerous condition, and it behooves us to avoid as far as possible, not only for the comfort of the patient, but for the reason that in serious surgical interferences it may place life in peril.

Says the *Therapeutic Gazette*: “Blumfield, in the *London Lancet* of September 23, 1899, observes that some of the chief points to be attended to in the avoidance of after-sickness are: 1. Use as little of the anesthetic as possible consistent with perfect anesthesia. 2. Wash out the stomach at the close of the operation when much mucus has been swallowed. 3. In long operations substitute chloroform for ether after three-quarters of an hour. 4. Move the patient about as little as possible during and after operation. 5. Place him on his right side in bed, with the head only slightly raised. 6. Give nothing but hot, thin liquids in small quantity for at least eight hours after. 7. Do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all, administrations up to twenty minutes, or not much longer, sickness will be found to be the exception.”

I have for some time given ingluvin in liberal doses (10 to 20 grains) just prior to the anesthetic, and have been favorably impressed with its use, and would suggest its thorough trial by the profession.

Two cases are reported from the Hospital College of Medicine as follows:

CASE 1.—Mrs. B., age 30; operated on for complete laceration of the perineum. She had twice before taken chloroform, and after each administration suffered from severe vomiting. She took three 10-grain doses of ingluvin six, four and two hours before the operation and experienced almost no sickness after coming from under the anesthetic.

CASE 2.—J. H., age 34; amputation at the hip joint. This man said he dreaded nothing but the chloroform, as at a pre-

vious operation he had suffered in a most distressing manner from that anesthetic. I directed the nurse to give him 10 grains of ingluvin six and two hours before the operation. He vomited only once after coming from the table, and though he suffered some considerable shock and much pain, had no complaint of nausea.

Dr. E. H. Gingrich, 511 Cumberland Street, Lebanon, Pa., especially recommends ingluvin for the vomiting so frequently experienced by patients coming out of anesthesia.

Prof. Hobart Amory Hare, in "Practical Therapeutics," writes:

1. "That chloroform or ether vomiting is probably centric.
2. "Upon the mucous membranes, ether as a liquid or in a vapor acts as an irritant, and causes, when its vapor is first inhaled, great irritation of the fauces and respiratory tract."

Ingluvin is valuable on account of its mildly depressing the sensitive nerves of the stomach, thus lessening the irritation of that organ. The vomiting centers are subdued, with the result that vomiting is controlled.

For vomiting succeeding anesthesia, ingluvin should be given, 20 grains one hour before the administration of ether or chloroform, and immediately after coming out of the anesthesia, one 20-grain powder, to be followed every hour by 5-grain powders, until vomiting ceases. Usually the 20-grain powder will be found effective. Ingluvin is a bland powder prepared from the gizzard of a chicken, and contains nothing which might contraindicate its use in surgical operations as specified above.

It has long been used as a remedy to allay persistent vomiting of gestation with eminent success by many practitioners throughout the world. It therefore is not a new preparation, but simply an old remedy in a new capacity. Some months ago a professional suggestion was made to use it for the nausea of ether. Subsequent tests and their results have warranted its recommendation to the medical profession. Samples will be sent to any physician who wishes to test it in vomiting of anesthesia. Write W. R. Warner & Co., Philadelphia, for a sample.—*Monthly Retrospect of Medicine and Pharmacy*, Feb., 1900.

Amputation Stumps.—An editorial in the *Railway Surgeon* of January 9, 1900, gives some interesting facts regarding the changes which take place in stumps after amputations. Ul-

cerated, painful, or deformed stumps are a not infrequent cause of malpractice suits, and it is a fairly well-founded belief in the minds of the laity, which is reflected somewhat in professional opinion, that a defective stump is in some way due to want of skill in the surgeon making the amputation. Stumps may alter in shape from changes in the soft parts or bones. The first cause, muscular atrophy, is due to the insufficient use of the stump. There are many changes which produce bad stumps, one of the most important being a growth of the bone, this lengthening taking place where amputations have been made in young persons; eventually it presses upon the cicatrix and produces what is known as a conical stump. Of course these cases of disturbances in stumps after amputation are treated in modern works on surgery, but sufficient emphasis is not laid upon the fact that flaps, no matter how well made, and bones amply protected by soft parts, may so alter their relation by pathological processes as to produce a painful and useless stump through no fault of the operator.

ORTHOPEDIC SURGERY.

Plaster of Paris Compared with Steel Apparatus.—Dr. Ketch says that the condition of the skin should be made the subject of stated investigations, not to prevent excoriations, but to ascertain whether we were giving the diseased vertebral column all the mechanical support which the toleration of the skin warranted. The use of a steel apparatus facilitated an occasional and desirable estimate of possible decrease or increase of deformity, which was impossible with the immovable dressing. Changes in the shape of the patient, from growth or otherwise, should meet with corresponding changes in the pressure made by the apparatus.

Dr. Townsend said that the frequent removal of the jacket or brace was one of the worst things that could be done. It was not practiced in the treatment of fractures. In Pott's disease we sought proper ankylosis at the seat of disease. We, therefore, immobilized the vertebral column. So long as the jacket was clean and the skin healthy, we could forego the doubtful advantage to be gained by frequent inspection, and rely on the effectiveness of the apparatus.

Dr. Ketch said that the removal of the brace for alterations,

when done with ordinary care, could not delay or interfere with consolidation. The more scientific procedure was to use an apparatus which was under intelligent surgical control.—*Ex.*

Ankylosis of the Hip.—At the last meeting of the British Orthopedic Society, Mr. Robert Jones read a paper on the treatment of ankylosis of the hip. Mr. Jones said, in discussing this subject, that it is necessary to emphasize the distinction between unsound and sound ankylosis. By the former is meant a condition where inflammatory changes have not subsided, while by sound ankylosis is implied the absence of active change. Ankylosis may be fibrous, bony, or a combination of both, and flexion of the thigh is a marked feature of the deformity. Unsound ankylosis of the hip should be rectified by placing the hip without delay in a corrected position, and securing in favor of the diseased limb obliquity of the pelvis towards the affected side. The methods of carrying this out were then described as they may be applied to rheumatic, tubercular or septic cases. Turning from unsound to sound ankylosis, Mr. Jones dealt with the fibrous variety, and advocated forcible reduction either with or without pulleys until the apparent length of the limb as measured from the umbilicus is the same. The limbs are then placed in the abduction splint and the advantage maintained. In dealing with bony ankylosis, Mr. Jones advocated an osteotomy obliquely made downwards and inwards through the great trochanter. He preferred this method to either Adam's or Gant's operation. After the osteotomy the abductors are divided, and in the case of a youth or adult traction is supplied by means of pulleys. Very often an inch of actual length is gained by this method. But to this an apparent lengthening can be obtained by abducting the affected limb and tilting the pelvis on that side. The limb is then placed in the abduction splint, and the position is maintained for seven or eight weeks. The greater the original shortening, the greater must be the angle of abduction of the limb. In conclusion, Mr. Jones suggested:

(1) That passive movements in the case of unsound ankylosis are harmful.

(2) That the unsound stage of tubercular disease is favorable to rapid and forcible reduction of the deformity.

(3) That having reduced an unsound ankylosis, the limb should be immobilized until recovery occur.

(4) That in the fibrous ankylosis of recovered joints reduction may be best effected in stages with short intervals.

(5) In bony ankylosis with short leg an oblique trochanteric with abduction is the indication.

(6) That whatever operation be performed, exercises should be taught to depress the pelvis.

(7) That pseudo-arthritis is only called for in double ankylosis.

(8) That for the production of pseudo-arthritis nothing less than excision is of avail.—*Scalpel*.

DERMATOLOGY AND SYPHILOLOGY.

Urticaria.—Mr. Skinner, Pharmacist to the Great Northern Hospital, recommends the following formula for allaying the itching burning sensation of urticaria:

R	Liquoris hamamelidis	℥ij.
	Salis maris.....	℥ss.
	Aq. dest	Oj.

M.

Sig. To be applied freely.

He also speaks highly of the following cold cream:

R	Adipis benzoinat	℥iv.
	Ceræ albæ	℥ss.
	Cetacei	℥j.
	Boracis	℥ss.
	Glycerini	℥j.
	Aq. coloniensis	℥iiss.

M.

—*Therapeutic Gazette*.

Psoriasis and Glycosuria.—Psoriasis is one of the enigmas of pathology and has been ascribed to the influence of almost every general casual agency—syphilis, malaria, arthritism, neuropathy, as well as to hypothetical specific microbes and fungi. It is doubtful if our knowledge of the causes and nature of this disease has been advanced an iota since the date of its recognition as a clinical entity. Its pathology is no less obscure than its etiology, and we are unable to distinguish between what is primary and what is secondary. It is evident, therefore, that any real advance, however slight, in our knowledge of this affection will mark an epoch in the history of medicine as a whole.

Upon the assumption that psoriasis, whatever it is, is a sys-

temic rather than a local affection, Nagelschmidt, representing Professor Lesser (*Berl. klin. Wochenschrift*), has been investigating the relations of the disease to glycosuria. It has long been known that the relationship between true diabetes mellitus and psoriasis is highly remote and most clearly accidental, despite the fact that individual cases appear to present a close connection between the two maladies (and quite an array of these cases could be collected from literature).

It is evident from statistics that no necessary connection can obtain between typical diabetes and typical psoriasis. Nevertheless, as before stated, the apparently positive cases of intimate association of the two affections in the same subject constitute a sort of clue, which should be traced to its source. The author, therefore, has limited his study to the possible relations of psoriasis with alimentary glycosuria. When the psoriatic subjects ingest a definite quantity of glucose, do they develop glycosuria more readily than control cases with psoriasis?

Twenty-five psoriatics were given 100 gms. glucose daily, and about one-third of this number developed alimentary glycosuria. Control cases in abundance failed to reveal a single case of the latter phenomenon, although patients were chosen who had various skin diseases, as eczema and acne.

These experiments ought by all means to be repeated *ad libitum*. If they are confirmed we will have positive evidence that a psoriatic subject is unable to oxidize as much glucose as he should, and the ancient hypothesis that psoriasis is one of the sub-oxidation diseases will be supported by some tangible evidence.—*Medical Review of Reviews*.

For the Induration of Eczema and Psoriasis.—Unna, of Hamburg, states that the induration observed at the site of old spots of eczema or psoriasis are not due to an infiltration of the corium, as is generally believed, but to a simple hyperplasia of the Malpighian layer of the epidermis, which he treats as follows: If the affected areas be limited in extent:

℞ Ungt. zinci oxidi.
Resorcin āā ʒss.
Ichthyol.
Vaselini āā ʒj.
M. Ft. unguentum.
Sig. External use.

If the areas be extensive the application should be less powerful:

℞ Ungt. zinci oxidi ʒ iss.
 Resorcin.
 Vaseline aa ʒ ss.
 M. Ft. unguentum.
 Sig. External use.

A thin layer of the ointment is spread over the indurated areas daily until the epidermis begins to peel off, which occurs in from one to three days. The applications then cease, and if the process be painful a sedative ointment is used until the new epidermis is formed.

GENITO-URINARY DISEASES.

Origin of Oxalic Acid in Urine.—The *Deutsch. Med. Zeitung* gives a brief summary of an article on the subject by Dr. Felix Lommel.

The conclusions were mostly arrived at as a result of a series of experiments by the author on himself.

1. Oxalic acid found in human urine depends but little, if at all, on oxalic acid introduced in the system with the food.
2. By far the greater part is formed in the system itself.
3. The oxalic acid found in urine after taking large quantities of oxalates in the food bears only a very small proportion to that introduced.
4. The excretion of oxalic acid does not stand in direct relationship to decomposition of albumen.
5. Food rich in nuclein, as well as the known uric acid increase, also considerably increased the oxalic acid.
6. Food rich in gelatine also increased the excretion of oxalic acid.—*Med. Press and Circular*.

Mercuriol in Gonorrhoea.—Fraley, Philadelphia, reports the results of a series of clinical cases in which he has treated gonorrhoea with the new irrigant mercuriol, a combination of mercury and nucleol, of which it is said that, while more powerful than most other germicides used in such cases, it has no irritating effect on the mucous membrane, its action being purely physiological and not chemical. The results of Fraley's cases are thus summarized: Number of cases treated, 14; cured, 6—in less than four weeks; practically cured, 3—in three weeks; distinctly improved, 3—in sixteen days; not improved, 2—in both these cases

benefit resulted, but the existence of complications led to the adoption of supplementary treatment. A total of 12 cases out of 14 benefited by mercuriol. Had all the cases been willing to be treated twenty-six days, the report adds, perhaps the percentage of cures would have been even greater.

The Role of the Kidneys in the Production of Hemoglobinuria.—*Treatment* says that any research tending to throw light on that curious malady hemoglobinuria is most welcome, for at present our knowledge of the etiology of the condition leading up to the morbid appearance in the urine is practically nil. Dr. Ferruccio Schuffer (*Il Policlinico*) points out that at the present time there are two theories regarding this disease. The first maintains that the function of the kidney is merely to remove the hemoglobin from the blood, in which it already exists as the result of destruction of red corpuscles. In this case the action of the kidneys would naturally be merely passive—indeed, that of a filter. In the other view, the kidneys themselves are the real agents at work actively destroying the red corpuscles, whence it is inferred that the hemoglobin originates in them only. It was to determine which of these theories was correct that the author undertook the experimental researches of which the results are now recorded. It was, of course, clear at the outset that the experimentally evidenced hemoglobinuria must differ in many and important particulars from that which is generally met with in the human subject. On the other hand, there are certainly toxic forms of hemoglobinuria affecting man which may legitimately be regarded as being akin to experimental forms of the affection. Prominent in this sense is the hemoglobinuria which sometimes occurs as the result of the administration of quinine—that form of the malady about which so much discussion has arisen in connection with “black-water fever of West Africa.” The author next describes the means taken to observe the results obtained. These consisted in tying one of the emulgent veins of the kidney, and in collecting separately the urine passed from each renal organ. The next step was to note the result of the ligature upon the removal in the urine of certain substances injected into the circulation. Methylene blue was selected for this purpose, and it was found that the result of the ligature of the different vessels was that the extrusion of the blue was delayed about an hour and a half on the side which was

ligatured. Other experiments confirmed this observation. The next proceeding was to provoke hemoglobinuria by the injection into the veins of distilled water, or, subcutaneously, of glycerin. Among other things, it is clearly proved that, as regards hemoglobinuria set up by distilled water or glycerin, used in the manner referred to above, the quantity of hemoglobin found free in the circulating blood is invariably less than that contained in the urine; from which, and other considerations, the view which attributes the occurrence of the hemoglobinuria to the action of the kidneys deserves great support. The absence of lesion of the kidneys, or at all events of permanent lesion of these organs, in hemoglobinuria may be due to the morbid change being quite transitory, but what the real nature of the lesion may be is as yet undetermined. It is of great importance, however, to get exact knowledge as to the organ which is the seat of lesion in this obscure malady, and the present paper, containing the result of a most able research, does much to enable us to say that the kidney is the organ primarily at fault in this disease.—*New York Med. Jour.*

OPHTHALMOLOGY.

Mental Disturbances After Operations Upon the Eye.—

At a meeting of the Section of Ophthalmology of the College of Physicians of Philadelphia, Dr. William Campbell Posey read a paper on "Mental Disturbances After Operations Upon the Eye." Twenty-four cases of delirium were reported. In 19 of these the mental symptoms developed after the removal of cataract, in 3 after iridectomy for glaucoma, and in the remaining 2 after extensive wounds of the eye. Three of these cases were in subjects over 80 years of age, 6 over 70 years, 9 over 60 years, and 2 during the 6th decade. The traumatic subjects were much younger.

The delirium appeared during the first 24 hours after the operation in 2, on the second day in 8, on the third day in 6, and on the fourth day in 2. No atropin was used in 6 instances; in 4 others it was not employed until the delirium had manifested itself, and in the others it was instilled at the time of the operation. Its employment did not seem to have any influence whatsoever upon the mental condition. Both eyes were bandaged after the operation in every instance; but the dressing was removed from the unoperated eye in 9 cases as soon as the delirium

manifested itself, without giving any appreciable relief to the mental condition.

It was specifically noted in 9 cases that there was absolutely no tendency toward mental derangement. Evidence of previous tendency was present in only 2 senile and in the traumatic cases. All of the eyes made a good recovery except in 2 cases—one of panophthalmitis and one of traumatic irido-cyclitis.

The delirium was of the same character in all, beginning with a mild restlessness which rapidly developed into an active delirium with hallucinations and ideas of persecution; but passing rapidly under control by the proper administration of narcotics; permanent affection of the brain being remarked in not a single instance.

The writer believes that the cause of the delirium is largely psychical, and he agrees with Parinaud that it is due to the preoccupation upon the part of the patients prior to and after the operation. What the other factors are, which in addition to the preoccupation determine the delirium, are as yet unknown. The frequency with which the delirium is encountered should, however, be recognized, and proper treatment, namely chloral and bromides, be administered at the first indication of its appearance. Removal of the bandage from the unoperated eye and discontinuance of the use of atropin are not advised.

Constant oversight and judicious and tactful nursing are most essential, and rapid amelioration in the mental condition frequently follows the installation of a proper person by the bedside.

TERATOLOGY.

An Encephalic Monster.—Dr. H. C. Largeman, by invitation, presented this specimen to the Philadelphia Obstetrical Society. The mother was 21 years old, a primipara, and had been married ten months. She and her husband were healthy, and the family history showed no deformity in either branch. When the patient was first seen she had been in labor for about two hours. The abdomen was small. The fetal heart sounds were absent. On digital examination a face presentation was diagnosed. Two hours later the fetus was expelled. A large amount of amniotic fluid surrounded the fetus, which was an encephalic monster with great defect in the development of the cranium and brain, the head and forehead almost absent, and the eyes bulging out

on either side. There was double hare lip, and broad shoulders and chest. The child was a female. When about two months pregnant the mother was greatly frightened at a rattlesnake, which had been stepped on by her brother, and which she thought had bitten him.—*Jour. A. M. A.*

ANTENATAL PATHOLOGY.

Omphalocele.—Dr. W. Reynolds Wilson reported, to the Philadelphia Obstetrical Society, a case of omphalocele, with specimens and photographs. The mother was a primipara, 40 years of age, and hydramnios was present. When seen, the labor had progressed about two hours and the pains were moderate. The child weighed $6\frac{3}{4}$ pounds, and was well developed except for the abnormality in the region of the umbilicus, at which point a hernia was present. From the lower surface and near the junction with the abdominal wall the umbilical cord made its attachment. He considers these cases no doubt due to faulty development.

Dr. E. E. Montgomery, in discussing these papers, mentioned having seen a malformation similar to that presented by Dr. Wilson, which had been born in the Philadelphia Hospital. In this instance, however, it was found that a twin pregnancy had occurred, and that there was firm union at the umbilicus. Death had occurred. The mother was a primipara, and the children both males.—*Jour. A. M. A.*

Congenital Lateral Curvature of the Spine.—H. L. Taylor, in *Pediatrics* of January 15, 1900, reports a case of congenital lateral curvature of the spine. The rarity of this condition in early infancy is shown by the statistics of Ketch, who found in 229 cases only 42 before the seventh year. Eulenberger found five cases under one year of age in 1000. The writer has seen two cases of lateral curvature in infants under one year in the Hospital for the Ruptured and Crippled. The first was a rachitic girl of nine months. The convexity of the curve was to the left in the dorsal region. The mother stated that the deformity was first noticed at the age of three months. The second case was a girl of three months, with a duration of two weeks. In the second child no signs of rickets were present. The deformity was probably congenital and due to some malposition *in utero*.

The prognosis in congenital and early rachitic cases is critical.

If untreated, the deformity usually increases and may become very severe. Manual correction should be employed several times daily and the child carried on the arm of the side toward which the spine bends. If necessary, a form may be used with correcting pads, and massage should be employed daily.—*Medicine.*

DISEASES OF THE NOSE, THROAT AND EARS.

Sequelæ of Singers' Nodes.—A. Rosenberg has noticed in the cases of vocalists suffering from this affection a certain change in those individuals who do not give themselves the proper respite from continuous vocal exertion. The circumscribed nodule seems to disappear, and in its place there is noticed a broadening of the cord itself, so that it presents a convex rounded edge. Proper rest restores the characteristic nodular appearance. When the patient phonates, the cords approximate normally in their anterior half, but not in the posterior owing to the convexity mentioned, so that at the posterior end of the glottis there is a triangular cleft made at the expense of the affected side. If both sides are affected this is symmetrical and of course larger. R. claims that by noting this appearance of the cords he can tell whether or not his directions as to vocal rest, etc., have been observed by these patients.

Peritonsillar Abscess Associated With Diphtheria.—Dr. Thomas Hubbard reports (*New York Medical Journal*, October 14, 1899) two cases. Case one was a farmer, aged thirty years. On the fifth day of an acute amygdalitis his right tonsil was incised, with evacuation of some pus, and on the next day the two tonsils and the pharynx were found to be covered with false membrane. Despite 3,500 units of diphtheria antitoxin in divided injections, the membrane rapidly invaded the rhinopharynx, nares, and larynx. Laryngeal stridor soon necessitated tracheotomy, which was performed after the patient was apparently lifeless; but artificial respiration for fifteen minutes, with the tracheal dilator in place, restored the action of heart and lungs. The patient died eighteen hours later, the immediate cause being, apparently, pulmonary edema. The trachea was in the same condition as the throat, decidedly edematous and covered with diphtheritic membrane.

The second case occurred in a family of a number of children,

six of whom were sick with sore throat, or with amygdalitis, or with undoubted diphtheria.

The Treatment of Furunculosis in the Ear.—Laman, Oxel, and Muller (*Revue de Thér. Méd.-Chir.*) recommends for use in furunculosis of the external auditory canal an ointment composed as follows:

R	Zinc oxidi.....	3j.
	Acidi carbolici.....	gr. x.
	Vasilini alb.....	3j.

M.

A sound is evenly covered with a layer of cotton, upon which the ointment is smeared. This tampon should have a cylindrical shape, possessing the same diameter throughout. The greater the swelling of the auditory canal the greater should be the pressure of the tampon. As the swelling disappears the tampon may also be reduced. In order to saturate the tampon thoroughly it should be twice heated over a lamp and three times immersed in the ointment. The external auditory canal should be douched with a solution of lysol, 20 drops to a glass of water, before the tampon is introduced. The tampon must be large enough to encounter considerable resistance in its introduction. In most cases the first introduction will be extremely painful, but this pain will begin to disappear in four or five minutes. If it fails to do so, the tampon should be withdrawn and a slightly smaller one introduced. The tampon should not protrude beyond the auditory canal. It should be withdrawn after twenty-four hours, and the canal syringed. In 90 per cent. of the cases three applications will be found to be sufficient.—*Medical News.*

For the Removal of Foreign Bodies from the Nose and Ear.—Sturrock (*British Medical Journal*) recommends the following mode of procedure: The presence and approximate situation of the foreign body having been ascertained, a piece of india-rubber tubing, rather less in diameter than an ordinary lead pencil, varying in length from one to three inches, and attached to the nozzle of a brass syringe, is introduced into the nozzle or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing, and thus draw the foreign body into or against its free end. The syringe is then withdrawn and with it the foreign body attached to the

tubing. In some cases it has been found advantageous to dip the tubing into glycerin before insertion, in order to diminish the chances of air entering between the tubing and foreign body.—*Cleveland Med. Gazette.*

NEUROLOGY.

Some Objections to the Neurone Theory.—Dr. Paton (*Johns Hopkins Hospital Bulletin*) says that the investigations of Apáthy, Bethe, and Nissl, have shown that the ganglion cells in the spinal cord and brain contain a specific fibrillar substance essentially different from the protoplasm of the cell body and its processes. This substance can be stained by several different methods. Little is known of its origin. It may be shown to be an integral part of the ganglion cell, or it may develop from other cells in the nervous system, or it has been suggested that it may be the product of both kinds of cells.

Until it has been determined histogenetically that the fibrillary substance is a part of the ganglion cell, it is an assumption to speak of these cells as units or individuals. The picture of the ganglion cell, obtained by the use of Nissl's methylene blue method, is the negative of that given by Bethe's new stain. The achromatic tracts in the first correspond to the colored tracts or fibrils in the second specimen. Nissl believes that the fibrillary substance is not only present in the cells, but exists in large masses in the intercellular substance, and is one of the important constituents of the gray substance.

In the main the fibrils follow the distribution of the dendrites and axons. The life of the fibrils undoubtedly depends upon the preservation of the myelin sheath. There is nothing revolutionary in the new discoveries in relation to the studies of the degeneration of nerves. Little has been done in studying degenerations. Bethe has cut peripheral nerves, and found that the fibrils degenerated, and that in a short time there is nothing left but granular masses. There is a great deal of interesting work to be done on this subject. Nissl emphasizes the importance of the nerve cell as a nutritive center. If later the fibrils are proved to develop in the nerve cell, and not from other cells, it will no longer be an assumption to speak of the nerve cell as a unit.

The above, taken from an exchange, will prove rather a damper on neurone enthusiasts, and will lead to further investigations.

MEDICO-LEGAL.

Another Extraordinary Law Suit.—A decision of unusual interest has been handed down from the Illinois State Supreme Court. The suit was against a Chicago hospital, brought by an infant, in which it was sought to recover damages to the extent of \$50,000 for injuries sustained by the plaintiff before his birth. Shortly before the birth of the child the mother was in St. Luke's Hospital, and while being transferred from one floor to another her leg was caught in the elevator and crushed. When her child was born his left foot, left side and left leg were paralyzed and deformed. The mother brought suit for the child. A general demurrer to the declaration was sustained by the Supreme Court on the ground that at the time of the accident the child could not be credited as a separate being, capable of sustaining an action independent of the mother. "If an action can be maintained," the court says, "it necessarily follows that an infant may maintain an action against its own mother for prenatal injuries." In such a case it would likewise appear necessary to establish beyond question the fact that the injury to the child was actually due to the accident to the mother and was not a coincidence merely. In this instance the latter hypothesis would appear more reasonable.—*Boston Med. and Surg. Jour.*

May Disclose What Was Ascertained Assisting Coroner.—When the homicide case of *State vs. Vaughan* was recently before the Supreme Court of Missouri for the second time, it was sought to secure a new trial on alleged error in the admission of the evidence of a physician who, at the request of the coroner, made a post-mortem examination of the deceased to ascertain if there were any other cause of death than the wound produced by the defendant on his arm. When asked by counsel for the State to give the result of the autopsy, counsel for the defendant objected, because the law required the coroner to make a record of his inquest, and because the physician could not disclose what he did while assisting the coroner, who was not a physician. The trial court promptly overruled these objections, and the Supreme Court holds that it was clearly right in doing so. The fact that the coroner was required to make a record, the Supreme Court holds, in no way affected the competency of the physician to testify to what he found on his autopsy.—*Jour. A. M. A.*

BOOK REVIEWS.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Penna.) Vol. IV., Ninth Series, January, 1900. 8vo., pp. 337. Illustrated. [Philadelphia: J. B. Lippincott Co. 1900.]

Like all of its predecessors, this volume has been a most welcome visitor to our desk. It is, if that be possible, even better than those which have preceded it. The editor has done himself proud, and, we are sorry to state, will no longer have the editorial management of the publication which he has rendered so famous. We are not afraid that the *International Clinics* will fall into decadence, for a most capable man will take the helm and steer clear of shoals and shallows. But it is natural that old friends should be loath to part.

The volume before us begins with a most capable article on Subconjunctival Injections in Certain Diseases of the Eye, by Dr. Dunbar Roy, of Atlanta, Ga. Dr. W. W. Bulette of Pueblo, Col., contributes a short paper on the Use of Suprarenal Capsule Extract in Surgery of the Ear, Nose and Throat. Albuminuria and Its Treatment in High Altitudes is a well-considered essay by Dr. Edward C. Hill of Denver. The Morbid Proclivities or Diatheses is a masterly exposition of the subject by Sir Dyce Duckworth, the celebrated lecturer of St. Bartholomew's Hospital. Another most valuable production is that of Dr. Ludwig Hektoen on the General Etiology of Actinomycosis. It does great credit to this eminent pathologist. The subject of Neurology is represented by four excellent clinical lectures which take up some forty pages. Surgery, Gynecology and Obstetrics, Ophthalmology, Laryngology and Physiology are also well represented by good clinical lectures. The volume concludes with a most excellent lecture on Mycosis Fungoides by Prof. H. Hallopeau, the well-known teacher at the Hôpital St. Louis. His lecture is all the more valuable as he has had the good fortune to observe and study twenty cases of this comparatively rare skin disease.

We have not the space to devote to a more extended review of this volume of the *Clinics*, which is replete with choice and valuable material. The publishers, as usual, have made the volume handsome in appearance, well printed and liberally illustrated.

We are certain that all former subscribers will continue to take these valuable volumes, and the one before us should be a sufficient inducement to obtain many more new ones.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Gynecology. A Manual for Students and Practitioners. By MONTGOMERY A. CROCKETT, M.D. Edited by BERN B. GALLAUDET, M.D. 12mo., pp. 368. Illustrated With One Hundred and Seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.50 net; flexible red leather, \$2.00 net.

This is, like all the other manuals in this series, a most excellent guide for students and a handy reference book for practitioners. The author does not lay claim to having written an original work, but rather to having selected the best material from standard works on gynecology and therefrom evolved a book of fairly moderate size, containing the established principles and practice of this branch of medicine. He does not hesitate to add judicious criticism here and there and, backed as he is by a large experience, can do so with benefit to his reader.

We are pleased to note the following in connection with sterilizing the vagina before operating: "In *obstetric* practice it is conclusively proved that not only is internal disinfection of the vagina unnecessary, but actually harmful, the convalescence being less disturbed when the disinfection is confined to the outside parts.

"The bearing of these facts upon *gynecologic surgery* is obvious."

The author also discountenances the wearing of rubber gloves by operators except in special cases. He recommends their use by nurses and assistants whose hands come in contact with septic material. The gloves should always be worn to pass needles and sutures to the operator.

This volume has impressed us very favorably and we have no doubt that it will not only meet with a large sale, but be one of the most popular in the series.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Nervous and Mental Diseases. A Manual for Students and Practitioners. By CHARLES S. POTTS, M.D. Series Edited by BERN B. GALLAUDET, M.D. 12mo., pp. 455. Illustrated With Eighty-eight Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.75 net; flexible red leather, \$2.25 net.

This is the largest volume of the present series and one of the most important. The author has written on modern lines and has classified the system diseases according to the neuron or neurons affected. He confesses that this may not be strictly accurate,

but is the best in our present state of knowledge on the subject of neurology. The histology and physiology of the nervous system are discussed in a manner to render a proper understanding of the pathological conditions which arise in it.

General symptomatology and methods of examination are dwelt upon at some length, as they deserve to be, considering the difficulty of the subject and the little knowledge possessed on these topics. Therapeutic measures, both medicinal and non-medicinal, are thoroughly discussed, and it is in this respect that the great value of the book makes itself evident. For it is a notorious fact that the therapeutic measures to adopt in nervous diseases is, for the most part, a closed book to the average medical practitioner, in large part due to his ignorance of symptomatology and pathology.

Mental diseases are not considered at any great length, but sufficiently so to afford the student an accurate insight into the subject, and it is withal simplified to such an extent that the reader is not completely confused, as very often happens in the case of larger works intended for those who are well-grounded in preliminary principles. The subjects of tetanus and hydrophobia are considered, as they are, to a great extent, dependent upon nervous disturbances, and regarded by some competent neurologists as such.

This book is a good one, and thorough—more so than would be supposed from the small size of the volume.

A Pocket Medical Dictionary. Giving the pronunciation and Definition of the Principal Words used in Medicine and the Collateral Sciences. By GEORGE M. GOULD, A.M., M.D. Fourth Edition. Revised and Enlarged. (30,000 Words.) 24mo., pp. 837. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.00.]

This remarkably cheap little volume is one of the few things which are both cheap and good. The publishers state that the issuing of this edition is coincident with the sale of 100,000 copies of Dr. Gould's Dictionaries, and he has reason to feel proud over the achievement, when we but consider that there are but 175,000 English-speaking physicians throughout the world. The book before us is a marvel in cheapness, in beauty, bound in flexible morocco, and gilt on edge, and in the remarkably large amount of material found between its covers. It is easily carried in the pocket, should be every medical student's vade mecum, and find a convenient place on every physician's desk. Those not possessing this invaluable *multum in parvo* should buy one at once, and those having old editions should replace them with this one.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Pennsylvania). Vol. IV., Ninth Series. January, 1900. 8vo., pp. 337. Illustrated. [Philadelphia: J. B. Lipincott Co. 1900.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Gynecology. A Manual for Students and Practitioners. By Montgomery A. Crockett, M.D. Series Edited by Bern. B. Gallaudet, M.D. 12mo., pp. 368. Illustrated with One Hundred and Seven Engravings [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.50 net; flexible red leather, \$2.00 net.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Nervous and Mental Diseases. A Manual for Students and Practitioners. By Charles S. Potts, M.D. Series Edited by Bern. B. Gallaudet, M.D. 12mo., pp. 455. Illustrated with Eighty-eight Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.75 net; flexible red leather, \$2.25 net.

A Pocket Medical Dictionary. Giving the Pronunciation and Definition of the Principal Words Used in Medicine and the Collateral Sciences. By George M. Gould, A.M., M.D. Fourth Edition. Revised and Enlarged (30,000 Words). 24mo., pp. 837. Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.00.

The Test of Time and Experience is the title of an attractive little brochure issued by Mr. James I. Fellows. It is a noticeable little treatise, explaining briefly the nature and effects of the hypophosphite salts as combined in the syrup known as Fellow's Hypophosphites. The brochure is chiefly confined to diseases of the respiratory organs for which Fellow's Syrup has been found beneficial. These comprise asthma, emphysema, chronic consolidation of the lung, phthisis pulmonalis in its three stages: (1) consolidation of the lung, (2) softening of tubercular masses, and (3) cavities—chronic bronchitis, recurrent (slight) hemoptysis, pleuritic effusions (including empyema), and the lung affections of children of strumous constitution, which often form the seat of tubercle in after life.

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ORIGINAL COMMUNICATIONS.

ON ISCHÆMIC PARALYSIS AND CONTRACTURE OF MUSCLES.*

BY AUGUSTUS CHARLES BERNAYS, A.M., M.D., M.E.C.S., ST. LOUIS.

First Vice-President Western Surgical and Gynecological Association; Life-Member
German Surgical Society of Berlin; Member der Anatomischen
Gesellschaft, etc., etc.

At long intervals the literature of medicine is adorned by a contribution from a master hand which not only marks an advance in our science, but which also is a work of art from a literary standpoint. Papers of this kind are sometimes epoch making. Others, because they are complete and leave no room for discussion, do not mark an epoch in the literature of medicine, but become no less potent in their final influence upon the actions and views of physicians and surgeons.

A paper of this latter kind is the wonderful memoir by Prof. E. Leser, which was first published in *Volkman's Klinische Vorträge*, Surgical Series, No. 77, whole No. 249, under the title of "Untersuchungen über Ischämische Muskellähmungen und Muskelcontracturen." It is my intention to give in this paper a short résumé of this subject in a historical way and then to add my own observations and conclusions. In the introduction I will follow Leser, as he has looked up the subject thoroughly. I desire to say that this subject is of the greatest practical importance

*Read before the Tri-State Medical Society of Iowa, Illinois and Missouri, April 4, 1900, at St. Louis, Mo.

to all surgeons because it explains fully and in a satisfactory manner the bad results which often follow the treatment of fractures by means of hard and tight splints or unyielding plaster of Paris bandages which have been improperly applied.

The fact that muscles become paralyzed and stiff in consequence of interruption of the blood supply is one which has long been known to physiologists. In his work, "*Elementa Physiologicae*" (Lausanne, 1766, page 544), Albrecht von Haller states that Stenson was the first to make the experiment of tying the abdominal aorta in a warm-blooded animal. Stenson observed that the posterior extremities were paralyzed a very short time after the ligation. Shipper and many other physiologists have found that this experiment was faulty because it also cut off the blood supply from the spinal cord below the point of ligation. If the ligature was loosened soon afterwards mobility returned to the muscles, but if permitted to remain in situ perfect stiffness of the muscles followed inevitably. The muscles become rigid and hard and remain so. I varied this experiment slightly by ligating both common iliacs and ligating the aorta itself a short distance below the bifurcation where in tailless animals it is called *sacralis media*. The effect was the same and has been found similar by many experimenters when ligating the vessels supplying solitary muscles. The result which Kühne arrived at may be stated as follows: The loss of irritability, the paralysis of the muscle, finally the rigor of the muscle is a consequence of the inhibited nutrition; the latter is caused by the interference with the circulation. (W. Kühne, "On the Movements and Changes of the Contractile Substances," in the *Archives for Anatomy, Physiology, etc.*, edited by Reichert and Du Bois-Reymond.)

Richard Volkmann, the great surgeon and the first apostle of Lister in Germany, sought to elicit the interest of practitioners in these remarkable observations made by physiologists. He was the first who saw that the restricted circulation is the cause of the grave contractures and paralyzes of the hand and fingers which are sometimes seen after the application of firm, unyielding bandages and splints to the forearm.

The first remark on the subject in literature is found in Volkmann's book on the diseases of the organs of locomotion (Pitha-Billroth System of Surgery, Vol. II.) I quote him literally, *i. e.*, I translate: "The severe contractures of the hand after the

application of too tight bandages upon the forearm in cases of fracture depend largely upon an inflammatory contraction of muscles and not upon primary nerve paralysis, the result of pressure. We know that these cases of Greifenklaue ('Main en Griffes'), claw-like stiffness of the fingers, offer a most hopeless prognosis. The flexed contracture of the fingers and of the wrist persists in spite of all imaginable efforts, such as electrical treatment, passive motions and forced extensions under anesthesia; even amputation has been resorted to in extreme cases. I have never seen a complete cure and not even a satisfactory improvement, and once only a slight amelioration of the stiffness was achieved after long-continued painstaking exertions on my part. The contracture in these cases occurs rapidly and in a few weeks has reached the highest degrees, which may cause ulcerating gangrene in the palm of the hands from the pressure of the finger-nails. In cases of paralytic contractures following apoplexy or nerve lesions contracture is never observed in so short a time. In spite of these facts, the physician who had the misfortune to apply too tight a bandage very commonly resorts to all kinds of passive movements and attempts at extension of the contracted fingers upon all kinds of splints. In cases of interference with the nerve supply these manipulations always suffice to prevent the contracture."

In a very similar strain, a few years later, Volkmann (Contributions to Surgery, page 219) says: "The inflammatory or cicatricial contracture seems to be characterized by the rapidity with which it is developed, by the enormity of mechanical effects which are produced by it, and by the extraordinary resistances which it offers to our endeavors to remove the deformities, almost immediately after the inception. Many of the contractures which follow injuries, and which have heretofore been looked upon as contractures of nervous origin, depend upon inflammatory processes in the muscles, which are followed by shrinkage and cicatricial changes of the muscle tissues."

In a still more emphatic and unmistakable manner does this great surgeon express his conclusions about the etiology of paralyzes and contractures in an article published in the *Centralblatt für Chirurgie* in 1881, No. 51:

"The paralyzes and contractures occurring on the forearm and hand, in rarer cases also in the lower extremities after the appli-

cation of tight bandages, must be called ischæmic. They arise after a prolonged pressure, which prevents the afflux of the arterial blood; the venous hyperemia which no doubt is very commonly present only seems to hasten the paralysis and stiffness. The paralysis is caused by the death of the primitive muscle fibres which have been deprived of oxygen. The contractile substance coagulates, falls into pieces, and is afterwards absorbed. The following contracture may be considered simply as a condition closely akin to rigor mortis, and indeed the limbs, if, as is usually the case, all the muscles of a part are equally affected by the ischæmia, assume the well known position as after death. It is characteristic of this affection that the paralysis and the contracture are simultaneous, or follow closely upon one another, while in nerve lesions of the extremities the contracture is always of slow and gradual development, and often very tardy. Months and years pass before a contraction which is not easily reduced by manual pressure is found. The ischæmic contracture, however, is recognized by the power of resistance which it opposes to any attempt at reduction from the very moment of its inception. The affected muscles have lost their elasticity and become unyielding and stiff, as in rigor mortis, even in fresh cases of ischæmic paralysis. The reactive and regenerative processes which follow the death and disintegration of the contractile substances, which are unfortunately very imperfect in man and the warm-blooded animals, make the affected muscles more unyielding and stiffer and still further increase the atrophy by cicatricial contraction. Ischæmic contracture and paralyses are sometimes observed in other cases than those following too tight bandaging. In cases of prolonged use of the Esmarch constriction of the limbs and after ligations, lacerations and contusions of large vessels, possibly also after prolonged freezing, these affections may occur, and it is possible that a part of the so-called rheumatic contractions are of an ischæmic origin."

I have given these quotations from Volkmann's writings in full because they represent all that was known on these grave and eminently practical matters up to that time. Leser says that he is really astounded and surprised that not more can be found in medical literature on these most interesting and serious troubles, because they are not near so rare as might be supposed. I can say that I have never failed to illustrate the subject clinically during

the past eleven years by a number of striking instances to my hearers at the college during each winter course.

Besides the grave and extreme cases there are a large number of less pronounced lesions of the muscles which are found after removing tight bandages, which no doubt are also due to ischemia of single muscles or groups of muscles. These peculiar affections have never been correctly explained, nor have they been carefully reported, though I think every surgeon must have met with them. The various degrees of stiffness and lack of motion in the fingers, which are so frequently found lasting for months after the removal of a splint or plaster of Paris bandage from a fractured limb, must no doubt also be classified under this head.

I desire to add that Carl Ludwig, the great German physiologist, proved by experiments that rigor mortis, death of the muscular tissues, takes place just as rapidly when blood free from oxygen is conducted through the muscle as when no circulation at all exists. On the other hand, Ludwig was able to show that when oxygenated blood was conducted through the vessels of an extirpated, isolated muscle the rigor of the muscle could be delayed for a long time. Brown-Sequard succeeded in making muscles in the human cadaver contractile and even irritable by electric currents as long as four hours after death, when indeed the first stage of rigor mortis had begun, by injecting oxygenated blood.

These physiological experiments prove sufficiently well the effect of oxygenated blood upon the condition of the muscles, and establishes beyond a doubt that interruption of the circulation within a muscle must produce grave damages of the contractile substance, and must inevitably produce rigor mortis if continued longer than a few hours. Kraske (*Centralblatt für Chirurgie*, 1879, No. 12) has shown that the muscles of animals can not stand the complete absence of the arterial blood current for six hours. I know of one case where a long-continued use of the Esmarch constricting rubber band caused loss of mobility, and several similar cases have led to damage suits, both in this country and in Europe. Ischæmic paralysis and contracture from this cause will produce a most aggravated lesion, because all the muscles of the affected limb distal to the constricting band will be ruined. This is not usually the case after tight bandaging. In these cases the ischæmia is not complete and the amount of

injury will depend upon the number of muscular fibres which become bloodless by the pressure. I have known cases where an entire muscle escaped. The case above referred to where a constricting Esmarch bandage caused ischæmia and death of the muscles, was not in a surgical case, but it concerned a case of placenta previa. The attending physicians, seeing their patient collapsed from acute anemia, resorted to the process known as auto-transfusion. Both lower extremities were raised high up and a rubber bandage applied, beginning at the toes, thus forcing all the blood into the trunk and leaving the limbs bloodless. A strong rubber tourniquet was left around the middle of the thighs or a little below, from about midnight until morning, and ether and whiskey was freely injected during this time. I imagine that these remedies deadened the sensibilities so much that the pain from the constriction was borne as long as it was—about eight or nine hours. The effect of the auto-infusion was satisfactory, but the patient's limbs were entirely motionless, hard, and swollen below the middle of the thigh until she died from "prolonged shock" on the third day after her delivery.

The histological changes which are found in ischæmic contractions of the muscles have been thoroughly investigated and described by three authors. The first experiments and histological examinations were made by Heidelberg, who published his paper in *The Archives for Experimental Pathology and Pharmacy*, Vol. VIII. The next work was by Kraske and is entitled, "Experimental Researches on the Regeneration of Striated Muscle-Fibres," published in Halle, 1878. The third paper is the classical paper by Leser, published in 1884, l. c. Besides these, many examinations have been made of the muscles of limbs which were amputated because they were entirely atrophied and useless or had become partially gangrenous. These examinations have completely corroborated the results of the experimental researches. I have made a small number of microscopical investigations, both experimental and clinical, and I prefer to report what I found to quoting from others, although there is no essential or important difference.

I must begin by stating that a limb which has undergone ischemia as a result of tight bandaging will usually show all stages of the histological changes, from complete fibrous or cicatricial tissue to the ordinary lumpy disintegration of the con-

tractile substance within the sarcolemma, as we find it in muscles which have become rigid after death. To the naked eye the slightly affected muscles will appear somewhat edematous and will be harder than normal, and may be paler and appear almost as if boiled. The most severely ischæmic parts will be almost white and infiltrated with young gelatinous tissue.

Microscopical examination will show the fibres in an irregular arrangement, of unequal thickness. Some will be twice as thick as others, and I regard these as being pseudo-hypertrophied, which condition leads to atrophy in the end. Some of the fibres appear to have vacuoles, but the most characteristic change is the absence of nuclei or their very scant presence in the primitive fibres. This decrease in the number of muscle-nuclei is striking and oftentimes I saw a little granular detritus in the place of the nuclei, or only a few nuclei scattered alongside of the bundles of fibres. Whenever the fibres appear broadened, no trace of the transverse striation can be found. The explanation of this histological picture as given by Heidelberg is that the nutrition and life of the nuclei are destroyed by the lack of blood circulation, and that afterwards when a new circulation is built up again the dead nuclei are absorbed and carried away. In more advanced portions of the tissue leucocytes abound between the fibres; we have the picture of small round cell infiltration. This inflammatory condition of the intermuscular tissue soon changes it into young connective tissue, which eventually undergoes cicatricial contraction and assumes the structure of fibrous or tendon tissue. The muscle fibres and remnants of these finally become atrophic, fall to pieces and are absorbed. Thus as a final result of the disintegration and absorption of the muscular elements, together with the new formation of fibrous tissue, which shrinks into a cicatricial mass, we find the bellies of the muscles changed into hard fibrous and inelastic chords.

A great many cases of this disease have been observed since its clear description by Leser, and I will merely report one recent case, which I demonstrated to my hearers at the time of reading this paper before the Tri-State Medical Society, and which afterwards fell into the hands of a deplorably ignorant professor of clinical surgery, whose name I need not mention, and who being totally innocent of a scientific education, but wishing to do something, cut down upon the median nerve. It appears that this dean of a

medical college and professor of clinical surgery had never heard of ischæmic paralysis and contraction of muscles, and that, although there was total absence of faradic irritability and unimpaired sensibility, performed the foolish and useless operation of exposing the median nerve. I may add that a skiagraph had been made of the case and something had to be done. Thus may skiagraphy in the hands of the ignorant become the cause of some useless surgery.

It is impossible to report cases, as each report could be made the basis of a damage suit against a surgeon, because the terrible condition in which the unfortunate patients are left is clearly due to tight bandaging, and the trouble thereby induced could have been avoided.

The recognition of ischæmia produced by tight bandaging, as the cause of these damaging results, will prevent them in future. Therefore, the publication of these observations and their careful study by the members of our profession is, in the opinion of the writer, a most timely warning to those who have not devoted the time and attention demanded by the importance of the subject. It has been customary to teach that pain, after the setting and fixing of a fracture in a splint or cast of any kind, was an imperative indication to remove and loosen the whole dressing. This rule was the result of experience. The reason was unknown. In other words, it was a purely empirical rule of action. The scientific basis and true reason for the adoption of this rule has been given above. Nearly every physician and surgeon of any considerable experience will not only appreciate the truth of what has been said, but if he be honest will recognize wherein he has erred and fully appreciate the wrongs he has unwittingly done. I say this from having experienced the pangs of remorse and self-accusation in two cases in which loss of the use of a limb is only ascribable to my own ignorance of the facts I have set forth above.

Among those who have seen and reported more than three cases may be mentioned:

1. Leser, l. c. Seven cases. (1884, Leipzig.)
2. Bardenheuer. (Traumatism of the upper extremity.) 1888. Four cases.
3. Helferich. (Greifswald, 1893.) Three cases.
4. König. (Göttingen, 1893.) Seven cases.

These names of celebrated surgeons who have observed and written upon the subject, would seem to show that the peculiarly interesting condition is well-known and that further observations are unnecessary. As an apology for this report, I may be permitted to call attention to the fact that I can find no allusion to this subject in any of the new and comprehensive text-books or systems of surgery published recently. When it is further remembered that the subject was made a special order of discussion at the annual session of the German Society of Surgeons in 1888 in Berlin (see the Transactions, Vol. I., 1888, Berlin, A Hirschwald), and that its practical importance can hardly be overestimated, I feel that my work in reporting the matter in this manner will be productive of good.

The Tri-State Medical Society of Illinois, Iowa and Missouri held its annual meeting at the Planters Hotel, St. Louis, April 3d and 4th. The meetings were well attended, and a large and excellent programme furnished. New officers, as follows, were elected: President, Dr. Henry Hatch, Quincy, Ill.; First Vice-President, H. Landis Getz, Marshalltown, Ia.; Second Vice-President, A. S. Van Horn, Jerseyville, Ill.; Treasurer, D. S. Fairchild (re-elected), Clinton, Ia.; Secretary, W. B. La Force, Ottumwa, Ia. Keokuk, Ia., was selected as the place of meeting for next year's convention of the society. It will be held there on the first Tuesday and Wednesday of April, 1901.

The Western Oto-Laryngologic, Rhinologic and Ophthalmologic Association met at the Planters Hotel, St. Louis, April 5th, 6th and 7th. The meeting was a marked success, quite a large number of interesting papers being read. Before adjournment the following officers for the year were elected: President, Dr. M. A. Goldstein of St. Louis; First Vice-President, Dr. H. D. Wardemann, New Orleans; Second Vice-President, Dr. F. C. Ewing, St. Louis; Third Vice-President, Dr. C. R. Holmes, Cincinnati; Secretary, Dr. W. L. Ballinger, Chicago; Treasurer, Dr. W. L. Dayton, Lincoln, Neb. The next session will be held in Cincinnati the first week of April, 1901. As soon as the meeting adjourned the members enjoyed a banquet in the ladies' ordinary of the Planters Hotel.

THE PATHOLOGY AND DIAGNOSIS OF EXOPHTHALMIC GOITER.*

BY EMORY LANPHEAR, M.D., PH.D., LL.D., ST. LOUIS.

Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of the Principles and Practice of Surgery in the St. Louis College of Physicians and Surgeons.

The question, "What is the pathology of exophthalmic goiter?" (Basedow's disease—Graves's disease) seems to be as far from settlement now as it was fifteen years ago, when I, as Professor of Nervous Diseases in the University of Kansas City, began my investigation of the subject. Indeed at that time it appeared to be settled in the minds of many prominent neurologists. For example, Allan McLane Hamilton, writing in 1886,¹ defined the disease thus: "Exophthalmic goiter is a disease of the sympathetic nervous system, manifested by various circulatory disturbances, enlargement of the thyroid, protrusion of one or both eyeballs, certain cutaneous changes and mental derangement." Of the pathology he remarks: "The burden of proof shows that it is a disease of the sympathetic nervous system. There is abundant evidence of this, furnished by cases and observations by Eulenberg,² Guttman,³ Geuneau de Mussy (referred to by Fox), Woods,⁴ Fox and others. All of these observers have found lesions of the cervical portion of the sympathetic and especially the inferior cervical ganglia. This consists usually of thickening, which may be bilateral or unilateral. In Fox's case the lower cervical ganglia of the right side were thicker and redder than usual. The connective tissue was increased, as well as the nuclei and spindle-shaped cells, the ganglion cells being few in number." He admits, however, that the medulla must be affected in some instances to account for some of the symptoms.

From a careful review of the literature of Basedow's disease, as well as from my own experience, I am convinced that Lake is correct in his assertion⁵ that "there is small doubt that under this name at least two separate diseases are classed; and from this cause we are confronted with such different opinions as to the advisability of operative treatment."

My attention was first called to a probable difference in the pathology of two classes of cases by the history of two patients

*Read before the St. Louis Academy of Medical and Surgical Sciences March 13, 1900.

who came under my care within a short period. In the first (Mr. William Nieuhéusér of Corder, Mo.) there was a marked exophthalmus of the one side, with a large goiter of the same side—these differing from the two celebrated cases of Yeo and Hamilton,⁶ in which the exophthalmus and the goiter were crossed—with considerable tachycardia. Removal of the bronchocele was followed by early subsidence of the nervous phenomena; then the acceleration of the heart's action was controlled; and last of all the protrusion of the eyeball became less noticeable, though I think it never entirely disappeared. Operation was made March 8, 1891. At last report, about three years ago, there had been no recurrence of the symptoms. February 26, 1893, I was called to see Miss L. F. of Fulton, Mo., patient of Dr. J. R. Boyd, with the view of operating for exophthalmic goiter. Examination showed the most pronounced exophthalmus and a tremendous cardiac disturbance, with very alarming nervous phenomena; but there was only a trifling enlargement of the thyroid, so little in fact that I was of the opinion that the bronchocele had but little to do with production of the symptoms, and that at no time would a thyroidectomy have been of benefit. She died very soon afterward from cardiac failure. But little change was found, post-mortem, in the gland; the sympathetic was not examined.

Comparing notes of these two cases with those of three others which came under observation a little later, I became satisfied there were two distinct classes of cases. The first dependent upon goitrous disease, the second upon some obscure nerve change. Examination of the then current literature showed sufficient data to justify my conclusion, and subsequent developments have, I believe, confirmed the opinion.

CLASSIFICATION.

To-day it may be said, I think, that there are three groups of cases, viz.:

1. Those dependent upon changes in the central nervous system, in which no operative measures can be of benefit.
2. Those due to disease of the cervical sympathetic, in which excision of the ganglia, particularly the inferior, may give relief.
3. Those arising from excessive thyroid secretion—in which thyroidectomy may cure.

That this classification is not entirely fanciful, clinical experience, pathological investigation, experimental research and the weight of authoritative opinion have, I believe, proven.

1. *Cases of Bulbar Origin.*—Of this group there can be little doubt. This is proven by (a) post-mortem findings of distinct lesions of the central nervous system, and (b) the occurrence of cases in which there is no goiter and no evidence (operative or autopsic) of disease of the cervical sympathetic. Men very prominent in neurology, as well as those in ophthalmology, lend their opinion to this origin.

As early as 1885 Panas and Webber claimed the bulbar origin of certain cases; but Hamilton and others contended that when the medulla is affected it is simply an extension, not a cause, of the disease. The same opinion was held by Snell in 1887,⁷ as well as by Dourdoufé,⁸ who produced experimentally the acceleration of the heart's action and the eye symptoms by punctures of the medulla; and by Jundorassik,⁹ who based his conclusions chiefly upon the post-mortem work. Guiteras, writing in 1888,¹⁰ said: "It is now generally admitted that Brown-Séquard, Benedickt and Fox were right in localizing the disturbance in the medulla oblongata and upper cervical cord;" and laid stress upon the fact that Basedow's disease is often met without any goiter at all. Hale White held the same view in 1889, and gave¹¹ details of a case in which he found minute hemorrhages in the floor of the fourth ventricle. In 1890 F. de Havilland Hall¹² wrote: "It was firmly held that disease of the cervical sympathetic is the cause of exophthalmic goiter; but this theory had to be discarded, as often this part of the nervous system has been found healthy, or, if changes have been discovered, they are such as have been met with in many other maladies. The view which is now receiving the most support is that the disease is due to alterations in the central nervous system, but usually so fine as to escape observation by the means at present at our disposal. The part of the brain in which the disease is most likely situated is the floor of the fourth ventricle. Hale White says that, in favor of placing the seat of the disease there, there is the fact that patients with exophthalmic goiter are particularly likely to die suddenly. He has published a series of cases which shows this; and that minute hemorrhage in the floor of the fourth ventricle will cause this sudden death. Bienfait,¹³ the same year,

reported his experiments, in which he was able by section of the restiform bodies to produce circulatory disturbance in 100 per cent., exophthalmus in 37 per cent., and hyperemia of the thyroid in 24 per cent; in a few instances *all* of the symptoms of exophthalmic goiter were obtained. In 1891 Graeme Hammond expressed himself,¹⁴ after careful study of post-mortem reports, as inclined to believe the lesion in this disease is located in the medulla oblongata. Later, in 1893, Hirt seemed to favor the bulbar theory, saying,¹⁵ "All that has been observed in the cervical sympathetic is very inconstant; and although an enlargement and thickening of its ganglia has several times been met with, we are not justified in drawing any conclusions from such alterations, especially as there are cases published in which examination of the sympathetic gave entirely negative results. * * * *

The explanation of Trousseau, Fletscher, Reith, and others, that the disease is essentially one of the sympathetic, is, to say the least, doubtful. For better reasons, Sattler proposed to assume a circumscribed lesion in the region of the vagus center. Dana also leaned to the side of a central nervous organ, stating:¹⁶

"The disease may be regarded as a neurasthenic or atonic condition of the vasomotor centers and of the great visceral nerves, the vagus and the spinal accessory. As a result of the first condition, the blood-vessel walls are relaxed and instantaneous hyperemia results. The enlargement of the thyroid is explained by a vasomotor paresis of its vessels. The exophthalmus is also due chiefly to the paralysis of the orbital vessels. * * * *

The deposit of retrobulbar fat is a secondary phenomenon. The rapid heart-beat is probably due to the impairment of the inhibitory fibers of the spinal accessory. Thus all the symptoms may be explained on the theory of a vasomotor and cardio-inhibitory paresis." He explains those cases plainly dependent upon goiter as follows: "A *symptomatic* Graves' disease may sometimes be caused by a goiter pressing on the vagus or sympathetic and causing irregular heart-beats and perhaps exophthalmus. In these cases the history of a long-standing goitre exists, the heart's action is irregular, and the exophthalmus usually partial or one-sided." In this opinion he is sustained by older writers: Piorry, Bouillaud, and others. Ranney¹⁷ thinks we are justified in regarding the disease as a result of a disturbed action of the medulla oblongata and possibly some of the higher centers of the

brain. Noyes favors¹⁸ the fourth ventricle as the probable seat of the lesion. De Schweinitz¹⁹ rejects the theory of disease of the sympathetic, declaring that "while the pathology remains quite obscure, the evidence thus far tends to show that the disorder depends upon a central lesion." Hammond, in his work on "Diseases of the Nervous System," in 1886, wrote: "I am inclined to think we are scarcely warranted in locating exophthalmic goiter in the sympathetic nervous system, but that we are justified in regarding it as an affection of the brain and medulla oblongata. I base this opinion not so much on the fact that there have been many marked cases in which no lesions of the sympathetic have been found, as on the nature of the symptoms which characterize the disease. * * * * The fact that we cannot produce a corresponding affection in lower animals by experimentation on the sympathetic nerves is strongly against the theory of its origin therein." He rejects, too, the older (and Graves's original) idea that the disease is an affection primarily of the heart and the blood-forming organs.

2. *Cases of Sympathetic Origin.*—Of this group there can be no doubt. Its existence is proven by: (a) abundant post-mortem evidences, and (b) numerous cures by excision of the cervical ganglia of the sympathetic.

All of the older writers, ophthalmological and neurological, maintained the dependence of certain cases upon changes in the sympathetic, and make such positive statements as to their demonstration and autopsies that I have not attempted to verify their assertions by searching for the original reports. I simply mention, then, that Eulenberg,²⁰ Austin Flint,²¹ Hammond,²² Traulee and Recklinghausen,²³ Trousseau and Peter,²⁴ Archibald,²⁵ Geigel,²⁶ Hamilton,²⁷ Elestein (quoted by Eulenberg), Arnozan (8 cases quoted by Hamilton), Pepper,²⁸ and many others refer to autopsic findings of pronounced changes in the sympathetic. An interesting report is that of Higgins,²⁹ who found thickening of the cervical sympathetic in his post-mortem examination. Of the more recent writers may be quoted Hooper and Clark,³⁰ who state that although many cases show, post-mortem, disease of the cervical sympathetic, yet others are recorded where no such change could be discovered. Mendel,³¹ reviewing the latest published autopsies, eleven in number, quotes Drummond as having found the lower cervical ganglion adherent to its sur-

roundings, and Hopfgärtner a considerable shrinking of the right cervical sympathetic with absence of the second ganglion; and adds a case of his own in which the cervical sympathetic was normal. Webber³² says: "Anatomical changes have been found many times in the cervical sympathetic, especially the lower ganglion." He quotes, however—apparently with approval—Panas's opinion that the disease depends primarily upon a paresis of the inhibitory nerves and of the vaso-constrictors. Of prominent ophthalmologists Fuchs³³ states that, "as far as the eye is concerned the sympathetic is the part whose function seems to be disturbed. In consequence of this we find a dilatation of the vessels in the district supplied by the carotids. It is on account of this distension of the arterial vessels in the thyroid gland and the orbit that the thyroid dilatation and the exophthalmus develop and both conditions therefore disappear at death. Von Græfe's symptom, too, must be referred to a disturbance of innervation on the part of the sympathetic. As a matter of fact, changes have been found in the cervical portion of the sympathetic in some autopsies, but in others they have not been found. In the latter class of cases the focus of the disease must be in the central nervous system itself; that is, the medulla or cervical portion of the cord." Roosa³⁴ groups it as a "neurosis of the sympathetic," but gives no data to sustain his opinion.

The treatment of exophthalmic goiter by resection of the cervical sympathetic has many enthusiastic supporters; and a large number of cures have been reported by many operators, notably Jannesco of Bucharest, whose work has been reviewed recently by James Moores Ball,³⁵ with particular reference to glaucoma, but making reference to cures of Basedow's disease also.³⁶ Among others who have cured by operation may be mentioned Péan,³⁷ who obtained relief from all but the nervous symptoms; Poncet,³⁸ who had nine cases, all cured or relieved; and Jaboulay,³⁹ whose report bears directly upon the point in question. He observes: "The operation" (he calls it "*sympathicotomie*") "is not so directly indicated in cases with goiter as in those without, yet removal of the ganglia renders a subsequent thyroidectomy a less serious undertaking." He made eleven operations with satisfactory results in all save one—death. In a report by Gerard-Marchant and Abadie,⁴⁰ giving details of a cure, the theory upon which their based operation is tersely given, viz.:

“Exophthalmic goiter is due to excitation of the vaso-dilators of the cervical sympathetic, and the improvement following entire or partial removal of a goiter is due to derangement of the sympathetic and not to diminution of thyroid secretion.” Upon the whole Jannesco's report to the Paris Surgical Congress⁴¹ is perhaps the best; three cases were cured by simple section, eleven cured and one unrelieved by partial resection, and two cured by total bilateral excision.

3 *Cases of Thyroid Origin.*—That there are cases undoubtedly belonging to this group is proven by: (a) a study of clinical evidences; (b) experimentation; (c) post-mortem evidences; and (d) operative results.

Chervallier, in 1891,⁴² wrote an earnest article in which he claimed that the tachycardia might be due to irritation of the nucleus of the vagus by an excess of thyroid secretion; and he believed that the struma and exophthalmus might arise from the excessive action of the heart. Since then the advocates of the thyroid origin have been accumulating evidence very strongly supporting the theory. One of the best articles which have appeared is that of George H. Cobb,⁴³ in which the author admits that in some instances the disease is undoubtedly developed from derangement of the sympathetic nervous system. But in most cases he believes the cause lies in excessive thyroid secretion, the exact opposite of myxedema, the symptoms all being excited by the toxic element. In proof of this theory he points to the fact that in myxedema (especially following thyroidec-tomy) the symptoms rapidly disappear under the use of thyroid juice, whereas the administration of thyroid extract to a healthy individual speedily gives rise to all of the symptoms of Basedow's disease excepting exophthalmus. An interesting observation bearing upon this declaration is that of Von Notthaft⁴⁴: A man took for obesity 1,000 5-grain doses of thyroid extract in five weeks; after the first three weeks he began to develop symptoms of acute Basedow's disease, with all the characteristic signs. When the thyroid extract was stopped and arsenic given, all of the symptoms disappeared quickly, excepting the eye changes and the goiter, which remained noticeable for about six months. He regards the disease as due to qualitative changes in the thyroid secretion, the occasional benefit noted from the use of desiccated thyroids being explainable by the assumption that the patient,

instead of secreting a normal quantity of normal product of the gland, does secrete a product which is abnormal and which acts as poison. Bérard⁴⁵ points out that in exophthalmic goiter the thyroid secretion is very poisonous, as shown by experiments with it, and ascribes to a discharge of this fluid directly into the circulation during operation the excessively high temperature and sudden death which sometimes follow resection of the gland in this disease. Eulenberg, already quoted as being in favor of the sympathetic origin of the disease at the time he wrote for "Ziemssen's Cyclopaedia," after careful consideration of all theories relative to the origin of the disease, states⁴⁶ that "the most rational is that it is due to an intoxication from the thyroid which chiefly affects the nervous system. Hence the most rational treatment is that directed toward the nervous system, and if necessary removal of a portion of the gland." There are also a number of other recent contributions to the literature of this part of the subject, but these will suffice.

Georgiewsky's experiments⁴⁷ also go far toward proving that the manifestations of exophthalmic goiter originate in hypersecretion, or poisonous secretion, from the thyroid. By feeding dogs and rabbits with preparations of thyroids he was able to induce tachycardia, increased respiration, glycosuria, etc., though exophthalmus and goiter did not follow. Other experimentors along the same line have obtained similar results.

The post-mortem changes in the thyroid are now well known. While occasionally an instance is recorded where no abnormal condition of the thyroid is found, in most autopsies there is enlargement of the gland, uniform, involving the whole glandular tissue, both lobes, symmetrically in most, but the right one rarely larger, but the isthmus seldom affected; the vascular structures greatly in excess, teleangiectasis, a cavernous condition of all of the blood vessels of the gland. The gross enlargement is never so great as in simple goiter. The interesting feature is that the desiccated thyroid of Basedow's disease is far more poisonous than that of the normal tissue.

Perhaps of most important bearing are results obtained from operative treatment based upon this theory of its pathology. While a number of operators had for some time been doing thyroidectomy for Basedow's disease—as for example Leneke of Hamburg, who cured two cases in 1890,⁴⁸ and claimed that all

such patients belong to the surgical instead of the medical wards, and myself (first operation March 8, 1891), already mentioned—great interest became manifest after the publication of the views of Möbius⁴⁹ in 1892, when he rejected the theory of its being a disease of the sympathetic and decided that the symptoms are caused by a morbid secretion of the thyroid, “a hypothesis supported by the similarity and points of contrast between exophthalmic goiter and other affections, due to a diminished activity of the gland (cachexia strumipriva, myxedema and cretinism); by the fact that exophthalmos not infrequently develops in old cases of goiter; and by the further fact that removal of the thyroid sometimes has a material influence on the disease.” Quite a number of operators at once followed the suggestion to attempt cure by operative measures directed to the thyroid; and excellent results have been obtained, of which may be noted the following remarkable reports: Kümmell of Hamburg, reported by Schultz,⁵⁰ operated upon fourteen patients, making partial extirpation of the thyroid; nearly all were very severely affected, yet twelve were completely cured, the remaining two being so nearly relieved that nothing but the exophthalmus remained! Triconi⁵¹ treated three cases—very severe and with very large bronchoceles—by removal of a part of the gland, with great benefit to all. Booth⁵² records eight resections of the thyroid, with five cures, one death, one no improvement, one alight. Altogether up to 1899, according to Starr’s statistics,⁵³ there had been 190 thyroidectomies for Basedow’s disease, with 74 cured, 83 unchanged or slightly improved, and 33 died—a mortality of 17.36 per cent. In spite of this exceedingly high mortality, Doyen of Paris says:⁵⁴ “I must strongly advise thyroidectomy, and would perform resection of the sympathetic only after the former had failed.” This author has elsewhere⁵⁵ recorded a case which has an important bearing upon the question of the pathology: A patient, after a cure had been effected, of his own initiative took sheep’s thyroids in great quantities, whereupon all of the symptoms reappeared, only to cease on cessation of its use. Kocher of Bern has been the most enthusiastic endorser of this theory of the pathology and has made a number of thyroidectomies for the disease; but the mortality was so great—in 900 thyroidectomies reported to the German Surgical Congress⁵⁶ there were of six deaths three in Basedow’s dis-

case—that he substituted ligation of the thyroid arteries with very encouraging results; of 34 cases reported to the Paris Surgical Congress, 1897, 31 were cured! Rydygier⁵⁸ operated 22 times with 20 cured. Certainly results such as these prove conclusively that in a large proportion of cases the thyroid is the pathological field.

DOURDOUFFE'S CLASSIFICATION.

Dourdouffé⁵⁷ also gives a classification into three groups, based upon the presumed pathology, which is worthy of note, as follows:

1. Secondary cases—those symptomatic of (*a*) lesions of the central nervous system, and (*b*) certain forms of hypertrophy of the thyroid.
2. Reflex cases—those following lesions of different organs.
3. Idiopathic cases—those due to intoxication by some chemical substance.

GAUTIER'S CLASSIFICATION.

Gautier⁵⁸ makes a more extensive classification than this, claiming that the true exophthalmic goiter is "a neurosis of the nerve-centers," and that the secondary group is purely symptomatic, due to (*a*) bulbo-cerebral lesions, (*b*) thyroid lesions, (*c*) diseases of the nasal fossæ, (*d*) affections of the abdominal organ, and (*e*) affections of the genital organs. After careful consideration, I am inclined to regard this as the best pathological classification yet proposed; but, as some of his conceptions have not been satisfactorily demonstrated, we may not accept it as positive. But, reviewing all the mass of facts and opinions, we may certainly form these

CONCLUSIONS.

1. That some cases of exophthalmic goiter depend upon disturbance of the medulla oblongata.
2. That some are due to lesions in the cervical sympathetic.
3. That some arise from a defective thyroid.
4. That, since some are cured by internal medication, there must be a certain proportion in which the affection does not involve permanent structural changes in any organ.

DIAGNOSIS.

The clinical picture of a typical case is so clear that a mistake can scarcely be made: the rapid heart-beat, the exophthalmus,

and the enlargement of the thyroid, form a combination by which a diagnosis can be made instantly.

When, however, the goiter is absent the case is not so plain. But if there be exophthalmus with tachycardia, the diagnosis may be regarded as still clear, even without a search for other diagnostic signs, of which there are a number of value.

If the goiter and the exophthalmus are both absent the condition may for a time puzzle even the expert diagnostician. Many prominent men now assert that *paroxysmal tachycardia is always exophthalmic goiter*, whether or not bronchocele or exophthalmus subsequently develop. While I am not quite prepared to admit this, it must be said that Basedow's disease exists whenever a paroxysmal tachycardia is accompanied by any one of the following symptoms:

(a) Von Graefe's sign. This is often found early. It consists of a slow drooping of the upper lid, or total failure to droop, when the patient looks down. It is a spastic elevation, which does not interfere with closing the eyes. It is sometimes absent. Von Graefe lays so much stress upon the importance of this symptom that he declares that in women this sign alone, when found associated with rapid heart's action, should be sufficient to fix the diagnosis, and in rare cases these may be the only indications ever present from beginning to end of the disease.

(b) Stellway's sign. This is a symptom of importance in obscure cases. It consists of a retraction of the upper lid, with desiccation of the cornea. It is often absent.

(c) Bryson's sign. A discovery of great diagnostic value was made by Louisa Fiske-Bryson of New York, in 1889: diminished chest expansion, usually accompanied by increased respiration and sometimes by slight cough. In one of her cases⁵⁹ an expansion of only one-fourth inch could be obtained.

(d) Pigmentary changes in the skin. They are sometimes so marked as to deserve the name given them by Taylor⁶⁰—bronzing.

(e) Marked anemia. This is an almost constant symptom. Counting the blood corpuscles and estimation of the amount of hemoglobin are therefore of value in case of doubt.

From simple tachycardia it is distinguished by the presence of some of the signs just enumerated.

From goiter the differentiation is rarely quite difficult, because a bronchocele of large size may, by pressure on the pneumogas-

tric and the sympathetic, cause a rapid heart's action and sometimes a one-sided exophthalmus. But the association of one of the other symptoms, and the absence of the peculiar "thrill" felt on pressing the thyroid in Basedow's disease, should make the distinction clear.

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The Roentgen Society of the United States was organized recently. The object of the society is to encourage the study of the X-ray to the end that the practical knowledge of X-ray work and the allied arts and sciences may be advanced. This is the first X-ray society organized in the United States. The meeting was held in the Chemical building, St. Louis. Representatives from New York, Ohio, Illinois, Missouri, Iowa, Nebraska, Kentucky, California and Texas were present. Dr. Heber Robarts of St. Louis, editor of the *American X-Ray Journal*, called the meeting to order. A permanent organization was effected by the election of Dr. Robarts president and Dr. J. Rudis-Jicinsky of Cedar Rapids, Ia., as secretary and treasurer. A constitution was then submitted and adopted. A letter from Nikola Tesla of New York, the inventor and electrician, was read, asking to be elected to permanent membership. By a unanimous vote he was elected the first honorary member of the society. After the transaction of considerable business connected with the minor details of organization, the society adjourned to meet in New York City in December, 1900.

MEDICAL TREATMENT OF EXOPHTHALMIC GOITRE.*

BY FLOYD STEWART, M. D., ST. LOUIS.

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GENTLEMEN:—I thank you for the honor of being requested to participate in this symposium, but I regret that my remarks on the medical treatment of the disease under discussion must necessarily be brief, as the medical treatment is so hopelessly unsatisfactory as well as uncertain, and I shall therefore proceed at once to state what are considered the essential points in the medical treatment of this disease.

The first injunction as to the treatment should be rest, which should consist of keeping the patient as quiet as possible, both physically and mentally, and, if necessary, by restriction of the expenditure of energy by keeping the patient in bed; restricting the amount of exercise taken or by the abolition of all exercise if that is possible; but it may be absolutely necessary to allow enough exercise for the patient to attend to his business or occupation, but of course in such cases the good that would result from complete rest will be retarded, for rest means not only physical and mental, but freedom from worry or emotional excitement. Having given explicit instructions as to rest, the next condition to receive careful attention is the circulation, and to control that the two remedies that are invaluable are digitalis and strophanthus; they have proven very satisfactory and by the majority are considered the best remedies, and are given in doses of five ℥ three to six times a day.

As I said before, and I wish to impress upon you all, that the medical treatment is notoriously uncertain. Ergot is warmly recommended by some writers; the fluid extract is the best preparation to use.

Belladonna, either the fluid extract or atropine, should be administered, the former in one to two ℥ doses three or four times a day, and the latter in $\frac{1}{100}$ -grain doses as often, until dryness of the throat.

Sparteine has proven of some value and may be used instead of digitalis; still it is not a very useful drug in this affection, and should only be used as a last resort. The drug is variable in its

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action, but to get the best results it should be given in doses of one-fourth grain every two hours.

Another remedy that has gained some favor with a few is carbozolate of ammonia, which is a combination of ammonia with picric or carbozotic acid, and should be given in pill form; for the first week one grain three times a day; increase to two grains the second week, and if the patient is able to stand it three grains during the third week; the drug will hardly be borne after the third week.

The tincture of iodine at times proves satisfactory in 30 M to two-drachms doses three times daily, or the iodide of potash can be given; some improvement in the glandular enlargement has been accomplished. But no measures are so successful, as I at first pointed out, as rest in bed, and proves more beneficial when an ice bag or Leiter's tubes are applied occasionally over the heart; or, what is sometimes more agreeable, over the lower part of the neck and manubrium sterni. The pulse can be reduced in this way very materially. Electricity has seemed to be of considerable value in some cases. It should be applied in the form of galvanization of the cervical sympathetic and of the cardiac region.

Good effect has also been reported from quinine, belladonna and ergot in combination, as also nitrate of silver in one-eighth grain doses after meals.

The anemia should be combatted by iron and arsenic. Good nutrition and easily digestible food will materially improve the patient.

Thyroid extract has not proven successful. Some few report a cure; others improvement; but the majority have not met with any success at all.

Therapeutically the use of thyroid extract is not correct, for here we have a superabundance of thyroid gland to deal with, and to overcome this increase in the glandular enlargement, and to effect a decrease in the size of the enlarged gland, can not be accomplished by administering the extract of thyroid gland to a person suffering from an over-abundance. Therefore, the giving of the extract is not of any benefit, for it is wrong therapeutically and physiologically.

This much-lauded remedy has failed. Not only from a personal experience can I testify to this, but also from the experience

of others; though I am aware that cures have been reported, still the majority of writers state that they have not obtained any beneficial results. But I wish to further sustain my position by giving extracts from the several letters I have recently received from the manufacturers of thyroid extract:

“Acknowledging your favor of the 19th inst., we would say that the thyroid preparations have not proved of any special value in the treatment of cases of exophthalmic goitre.”

On the other hand, a recent French clinician sometime ago published some observations on a disease exhibiting many of the characteristics of exophthalmic goitre, in which he had derived excellent results from the use of thyroid extract.

Possibly the cases reported as exophthalmic goitre in which thyroid extract proved so successful, can be attributed to a disease which has some of the characteristics of the affection under discussion, as it does not seem reasonable to me that after so many failures that cures should be reported.

Excellent results have been obtained from the use of thyroid extract in the treatment of myxedema, cretinism, etc.

The physiological action of this drug causes a fall in the blood pressure, although the heart remains equal as regards both strength and frequency. Therefore it is concluded that it has a vasomotor action and led to the use of this drug in exophthalmic goitre. That it has not proven of any material benefit in this disease, has not only been proven theoretically but clinically.

So the conclusion regarding the medical treatment is not satisfactory, and only a temporary advantage will result, which may or may not prove beneficial. The treatment which has given the most promise is surgical. And I will therefore leave that to the gentleman who has that subject, but before closing I wish to thank you all for your attention.

3501 Franklin Ave.

Prof. Osler is a candidate for the professorship of medicine in the University of Edinburgh.

Lord Lister has been appointed Serjeant-Surgeon in Ordinary to Her Majesty the Queen, *vice* the late Sir James Paget.

THE TREATMENT OF GONORRHEA IN FEMALES.

BY EUGENE C. UNDERWOOD, M.D., LOUISVILLE, KY.

Surgeon B. and O. S.-W. Railway; K. and I. B., etc.

In the treatment of gonorrhea in females we encounter of course many of the conditions met with in the treatment of males. Yet the manifestations of the disease are sufficiently dissimilar in the two sexes to justify a paper on its treatment in women. Among the latter, as a rule, an acute attack of gonorrhea is ushered in with pain and burning in the urethra. These are followed by swelling of the labia majora and their agglutination by the attendant discharge. The pain during micturition is always intense so long as the acute symptoms of the affection are prominent. There is generally a more or less free purulent discharge from the urethra and vagina, and usually some from the cervix uteri. Gonorrhea is frequently followed by a chronic vaginitis that may persist for a long time.

Some writers assert that chronic gonorrhea of women can never be cured, but that the disease process continues as a subacute inflammation in the rugæ of the vagina. Under the influence of an exciting cause it is liable to reappear at any time in the form of an acute vaginitis. Excessive venery is not infrequently this exciting cause, especially in women who are in a debilitated state of general health. These facts, they say, explain how women who have had gonorrhea years previously, but who do not have even an appreciable discharge, often infect men with the disease.

I am seriously of the opinion that in the greatest number of such cases the woman has the disease in its active form and merely suppresses the truth, as may be determined by a thorough examination at a favorable time. In those countries where prostitution is under legal restraint and medical inspection is enforced, many of the women are able to conceal from the examiners the fact that they have gonorrhea by the use of injections just prior to examination. Obviously the most opportune time for making a diagnosis in such a case is when the woman is unprepared.

In considering the treatment of this disease let us remember that, in addition to the local manifestations, in nearly all cases there are symptoms of constitutional disturbance. For example, the patient has fever, headache and thirst; she is restless and has pain when standing or sitting upright.

Suppositories of opium are indicated to allay pain, and when the patient is very restless regular doses of the drug may be given by the mouth. Ardor urinæ may be assuaged by the administration of alkaline diuretics—notably the acetate of potassium, in doses of thirty grains every two or three hours. I feel that this remedy is almost indispensable in the treatment of the early stage of gonorrhea. Acetanilid relieves pain and reduces the temperature and is sometimes preferred to opium as a sedative, since the latter is pretty sure to lock up the secretions.

Locally hot poultices of hops may be applied to reduce inflammation, and some antiseptic injection must be used to control the discharge. The astringents formerly in use, such as zinc sulphate, lead acetate and others, will sometimes prove harmful rather than beneficial. This has been my experience, particularly with silver nitrate, so highly recommended by medical writers, which acts as a local irritant.

The success that I have achieved with a one per cent. solution of mercuriol as an injection leads me to regard it as the most valuable of all antiseptic agents. It is not irritating, and its application is followed by a gradual subsidence of the inflammation of the mucous membrane. I direct the patient to take an injection of one pint of a one per cent. solution of mercuriol every two or four hours; the latter is sufficiently frequent to meet the indications. Besides its antiseptic action the mercuriol injection seems to have a soothing and comforting effect upon the patient, who invariably experiences a sense of relief after the douche. Mercuriol in my hands has proved to be most destructive in its action upon the gonococcus, and I now depend upon it as my steadfast remedy in the treatment of gonorrhea in both sexes.

Mr. Frederick Treves has been appointed Surgeon-Extraordinary to the Queen.

Dr. Schenck, recently dismissed from the chair of embryology at the University of Vienna for having exploited his theories of sex determination in the newspapers, announces that he will probably come to America.

REGARDING PRE-COLUMBIAN LEPROSY.

BY DR. PHIL H. POLAKOWSKY, BERLIN.

Translated from the German by W. Emil Klokke, M.D., St. Louis.

Under this title, some months ago, in an Argentine journal, edited by the officials of the museum in La Plata, appeared a very interesting work* which, in dealing with this interesting subject, I will overthrow.

The author, a German naturalist and physician, is since two years at the head of the anthropological division of the museum at La Plata, the capital of Buenos Ayres province.

Dr. Franc P. Moreno, best known by his explorations of Patagonia, being chief of this very excellent museum, devoted to the general research of Argentine.

Mr. Lehmann-Nitzsche states in the preface that Dr. Albert S. Ashmead (N. Y.) deserves the credit of having offset the question of the existence of pre-Columbian leprosy, after studying with much ambition and a rare display of energy the meaning of certain old Peruvian clay statuettes found in graves (huacas).

In a letter of March 26, 1895, addressed to Virchow (*Verhandl. der Berl. Anthropol. Gesellsch.*, 1895, p. 305), Ashmead asks what Virchow thinks of the existence of pre-Columbian leprosy, and how he regards the views of Dr. Muñiz (Lima), according to which the above mentioned clay figures represent human heads or figures that had been deformed by leprosy.

Virchow asserted that up to date he had found no evidences or proofs of the existence of a pre-Columbian leprosy; and stated the same regarding syphilis; but expected to have the Berlin collections looked over to endeavor to find some similar clay figures. In the May session (*Verhandl. der Berl. Antropolog. Gesellsch.*, 1895, p. 365), Bastian showed two Peruvian "vases" from the Museum of Ethnology, and said that the correspondent (A. S. Ashmead) considers that syphilis is also of East Asiatic origin. This is an error. Ashmead has always maintained—as all Americans known to me—that pre-Columbian syphilis existed and that there has been no pre-Columbian leprosy.

Ashmead has reproduced these "vases" in the *Jour. of*

*Lehmann-Nitzsche Rob: *Lepra Pre-Colombiana* La Plata, 1898. Aus: Res. del Museo de la Plata Tom IX mit 1 Tap. und 12 Holzn. 39 page LCX 80.

Cutan. and Genito-Ur. Diseases, of New York, Vol. VIII., November, 1895; the one representing a human figure, the other a head. Of this same head a good reproduction by W. v. d. Steinen appeared in the "Proceedings of the Berl. Anthropolog. Society," 1897, p. 617. Dr. Virchow asserted this head to be representative of the results of syphilis or leprosy. Mr. Bastian, however, writes Ashmead (in sending him photographs of the two "vases") of one (surely of the head) Virchow had said "there might be indications of lupus in it." That the second "vase," representing a human scratching himself with his hands, whose face is distorted with pain, at least does not suffer from anesthetic leprosy (severe stage is to be generally excepted).

In October, 1897, Ashmead sent a paper on the existence of pre-Columbian leprosy to the International Leprosy Congress in Berlin. This was read by Virchow, who expressed himself as to the probability of the leprous nature of the reproductions of the deformities of the "vases" concerned. By mistake he assumed that Ashmead was of the same opinion. Although hereupon receiving the privilege of the floor, I, as a non-medical man, could only—as I had previously pledged myself to another member of the board of directors—speak briefly and point out that which, to my mind, was against the existence of pre-Columbian leprosy, and present a few points gleaned by Dr. Carrasquilla which I at that time considered new and correct.

No member of the conference spoke. Carrasquilla, who of my (German) speech only understood the words "Carrasquilla" and "Quesada," asked me at the close of the meeting what I had said about him. This I repeated to him. He furthermore asked me what I had said about the "vases." I answered that I had not expressed my opinion before this Society; that they were non-leprous. Upon this Carrasquilla began to demonstrate to me that they treat of punished criminals, and that he would show me the "proofs" in the literature. As I at that time still took Carrasquilla and his expatiations seriously, I informed Virchow of this view on the morning of October 14, at the conference. Herewith closes the second stage of the debate, which likewise was without results.

The third started October 16, 1897, in the Berlin Anthropological Society. Shortly after the meeting came to order, Virchow asked me if I would repeat that which I had told him at the

leprosy conference. I declared my willingness to do so. Virchow did not speak of the subject at this meeting, the objects were not produced, and the charts remained on the table.

Lehmann-Nitzsche now reports more fully of the last of these meetings of the Berlin Anthropological Society in 1897. Let it suffice to pass over the proceedings of the before-mentioned society..

The close of the discussion only terminated during the October session 1898, and through the masterful paper by Ashmead: "No Evidence in America of Pre-Columbian Leprosy" (*Can. Jour. Med. and Surg.*, March, 1899). The results of this third stop to the discussion were that the "vases" surely do not represent punished criminals, nor lepers, as everything bespeaks the primary introduction of leprosy to Middle and South America by the Spaniards and the negroes.

Lehmann-Nitzsche again reports the proceedings of the "Scientific Congresses of Latin America," dated Buenos Ayres, April 10-20th, 1898, in which he showed the plaster casts from the Museo de la Plata, which evidenced the same deformities as those of Ashmead and Virchow

All speakers were vociferously against leprosy. Lehmann-Nitzsche doubts very much that the deformities of the lip and nose are of ethnological equality with those of the feet. It appeared to him that they dealt of deformed beggars, who were afflicted with a (facial) disease. This acceptance to me seems correct—if one. In all probability (Seler) accepts that the majority of casts are not of Pre-Columbian origin, and takes into consideration that there were no beggars in Peru at the time that the Incas reigned. (M. Jimenz de la Espada.*)

The feet of the specimens from the Berlin Museum appear to have been purposely not shown, *i. e.*, amputated in Fig. 4 (Berl. Mus. No. 760, collection Lürssen), and Figs. 6a and 6B (Berl. Mus. No. 4650, collection of Sam'l Macedo, No. 292), drawings by Wm. v. d. Steinen in "Proceedings of the Berl. Anthropology Soc." 1897, p. 618. In most of these the lower extremities, especially below the knee, have been, without doubt, neglected by the artist, and only superficially carried out. However, charac-

*This splendid Americanist and amiable learned man died at a great age at Madrid, February, 1899. Of this fact they were not aware in the Berl. Geograph. Society or the Berl. Anthropol. Society.

teristic defects are shown about the nose and upper lip in all figures whose feet are absent.

Without doubt, on the one side, the deformities are of a pathologic nature, whereas on the other side—as much as I could determine—no disease is described which works such terrible destruction to the nose, upper lip and feet, and to these three parts only. Even the “Uta” (uti) or “Llaga,” an endemic forms of lupus, in Peru, until now incompletely described (more properly, here a known and remediable disease), these symptoms agree with but incompletely. Ashmead considers the missing feet as amputated, although on the other hand he claims that the art of amputation was unknown to the old Peruvians. All these mentioned questions and difficulties must be cleared and answered before we, with some degree of certainty, can say with which disease we are dealing. In all probability the disease “Uta” is that which we are now dealing with. Mr. Lehmann-Nitzsche gives a further account of the ten “vases” of the Museo de la Plata (which are pictured); also a long letter by Dr. Carrasquilla who, in presenting facts, in the first portion, busies himself much with that which I left out at the leprosy conference.

To this I answered in the *Zeitschrift für Ethnologie*, 1898, Vol. 6, and also in the *Litter. Ber. zu. Peterm. Geogr. Mitteilg.*, 1899. The antagonism to me of Dr. Carrasquilla is wholly unaccountable and humorous, as I was just about to make known in Germany the so-called results of his anti-lepra serum (in *Umschau, Beil. der Münch. allg. Ztg., Apothek. Ztg. Dtsch. Medic. Woch., Heilkunde, Köln. Volksztg.*), and, much to my regret, I had believed in the truth of his statements for so long a period of time. Carrasquilla calls attention to a disease described by Aznara (*Rev. medica de Bogota*, xix., Octubre de 1897) in Columbia known as “Bubon de Velez,” which seems to resemble “Uta.” The term “Llaga,” which might possibly be translated as wound, eruption, ulcer, etc., is, as Lehmann-Nitzsche correctly observes, quite worthless, as it belongs to various diseases. Carrasquilla relates many peculiarities which show that the very artistic casts are not heads of lepers.

The paper by Lehmann-Nitzsche has manifold observations, citations from rare books, and is, for the physician and Americanist who wishes to form an opinion, very valuable. In like manner J. Ambrosetti explains the missing feet and rough sketching

of the lower extremities, as I did before the Berlin Anthropological Society (vide *Verh.*, 1897, p. 616). Mr. Lehmann-Nitzsche closes his interesting work with the assertion that the disease which brought about these deformities is still unknown to us.

In the "proceedings of the October session, 1898," of the Berlin Anthropological Society occurs the reprint of a short article by Dr. Ashmead, to which is added one of Virchow's remarks, which, though not made in the before-mentioned session, shall be, in part, the ultimate result of all verbal and written proceedings.

"The one progressive step we have made, in what has been made known to us, is, we hope, the definite retraction of Dr. Carrasquilla's assertion, that the deformities which are represented by the Peruvian clay figures are the result of a punishment. For the balance we have gained nothing." This opinion is incomplete, not to say wrong.

The arguments which speak against the existence of pre-Columbian leprosy, as I have collated them in *Peterman's mitth.*, 1898, are by Ashmead, in the most reasonable and thorough manner, agreed with and confirmed.

And not one of the great facts which speak against pre-Columbian leprosy has been overthrown through this new discussion, with which, naturally, the manifold publications of Ashmead are to be considered.

In the archives no substantiating documents have been found. Among the Indians who formerly did not come in contact with whites, half-breeds, or negroes, leprosy has never been known. The full-blood Indians to this day show more immunity from or power to withstand leprosy than do the other races or the half-breeds. Remains of human skeletons of pre-Columbian origin have never brought to light and proven traces of the depredations of leprosy. The only sphere to work in which remains for the adherents of pre-Columbian leprosy is the linguistic. But here the results will be of a very doubtful nature and more likely to confirm the assumption represented by me.

According to Sahagun, who wrote about thirty-five years after the first Spanish invasion, in the language of the Aztecs, there existed a word for leprosy. Its phonation is "teococolitzli," as Seler, whom we have to thank for the best attainments regarding this difficult question, himself says (*Ver. der Berl. antropol.*

Ges., 1897, p. 611) it is possible, yes—after verbal exchange with Seler—even probable that the natives of Mexico have carried over the old names for old endemic skin diseases (and syphilis?) to the newly-imported “disease” by the Spaniards.

If Virchow does not grant in his closing remarks that the clay figures do not represent leprosy this has little weight in the face of facts, and that all leprosy specialists whom Ashmead and myself interrogated decidedly declare that the clay figures or heads cannot be those of lepers. Furthermore, Virchow declares in a certain antagonism to Ashmead that he had never definitely said regarding the objects in question that they were, but that they might be lepers. Herewith must be mentioned that Virchow in the entire discussion brings forth with thoroughness all the fragments which could speak for leprosy, but the main pieces which speak against it he endeavors to pass by with few words. To one of these pieces I called attention in the Anthropological Society at the December meeting, 1897, in which I developed the fact that in all the figures in which the upper lip and nose were much deformed and contracted some of them lacked feet; but that in all, however, the ten fingers were represented intact. Hereupon Virchow answered through some remarks on *lepra mutilans*, in which facts cannot be changed, that in 99 per cent. of all lepers the fingers become more or less defective if such destruction occurs to the nose and upper lip and it has become necessary to amputate the feet.

In Ashmead's many publications and in the paper by Lehmann-Nitzsche many views are to be found which urgently call for confirmation. Armauer Hansen writes to Ashmead that the “vases” in question surely do not represent lepers, adding that the old Peruvians possibly in many instances had “pug noses.” In this connection is to be noted that all Peruvian “vases” with human heads (excepting those herein concerned) have noticeably large, bent and broad-based noses with a rather sharply upturned tip. Carrasquilla thinks we are not dealing with the picturing of lepers, as the old artists only wished to bring the beautiful and the ideal before us in reproducing the human figure. This last opinion is, for America, and especially for Peru, entirely wrong, and is nonsensical, as I at least cannot find anything beautiful or idealistic in the sculpturing of criminals who have, as a warning and to horrify, been so crippled or deformed.

What eventually the exact acceptance will be of the disease with which the persons represented had suffered and died (wherefore these reproductions of the dead in the graves), and that we will reach an ultimate exact determination of this, Hallopeau (Paris) in a letter to me (August, 1898) doubts much. He considers the figures for this as insufficiently carried out as to care and art. This is especially true concerning the feet, and it would surely be superfluous trouble to endeavor to locate a disease which so deforms the feet (irregularly thickened upper and much thinned lower ankle, with crippled, almost vestigial feet) as this, e. g., Fig. VIII. of Lehmann-Nitzsche, or as shown in No. V. by W. v. d. Steinen (No. 7672 Berl. collect.) Here we do not deal with a disease but with the phlegm of the potter, who has merely impressed the lower extremities of the human figure on the sides of the tankard (or water bottle), while the carefully executed work on the head and upper body "trims" the top and the entire front side. If the view of the celebrated French dermatologist in regard to the quite often portrayed and detailed head is correct the future will show, when more dermatologists will have occupied themselves with the "vase," whose explanation should be interesting alike to the Americanist and the physician.

L'Homme a la Fourchette. — Lausueur, the man whose name has been immortalized in connection with the fact that he was the patient from whose stomach Labbé, the great French surgeon, first performed gastrotomy for the removal of a fork, has just died, twenty-five years after the operation. *L'homme à la fourchette* created an immense sensation at the time, as it was the first occasion on which a foreign body had been removed from the stomach by a surgical procedure. Inasmuch as the operation really consisted in cutting down on an abscess in the region of the umbilicus, and the removal of the fork which was projecting into the wound, it was not, strictly speaking, a gastrotomy. — *Med. Press.*

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EDITORIAL.

THE MEDICAL CONVENTION SEASON.

This is the season that the Doctor is abroad in the land. He travels in all directions to various State, or special medical conventions, and he is loaded. His valise is lined with instruments, papers or essays which he will exhibit or read to more or less edified audiences. He may not have anything new to present or strange to exhibit; in any event he is ready to demonstrate to all that he has been busy, and an otherwise flat contribution may lead to a highly interesting and valuable discussion by which those who have come to learn may profit. Such is one of the important functions of a medical association, and it generally fulfills it well.

St. Louis has had two conventions during the month of April, and both were deemed successes. The Tri-State Medical Society of Illinois, Iowa and Missouri held its sessions April 3 and 4, and the Western Rhinological, Oto-Laryngological and Ophthalmological Association met April 5, 6 and 7. Both conventions were well attended, and the members as well as visitors pro-

nounced themselves well satisfied with the meetings. Some well-known writers were present as well as operators of national reputation, and the time consumed was well spent and thoroughly enjoyed by all who were present.

Other medical associations also met in April at different points; but it is in May that nearly all the State Societies meet and matters more intimately connected with the medical laws and the code of ethics are considered. These are important subjects for all physicians and, for this reason, these meetings usually bring out a good attendance. As will be seen on another page, the meeting of the Missouri State Medical Association will bring out a large number of excellent papers and, it is hinted in some quarters, some very exciting discussions are expected on matters connected with certain local societies and their membership.

June will also see a number of medical conventions. Some will be state and some others of special societies. The American Medical Association will also convene, and there is no doubt that this meeting will be an important one, more especially on account of the various international congresses which will meet in Paris in August. At the American Association delegates will be appointed, and there is no doubt that a great many not so appointed will accompany the others more for the pleasure of seeing the Paris Exposition than of attending medical meetings. Vast preparations are already being made for their reception.

From what has been said it may be easily surmised that medical literature will be enriched by many discoveries, observations and facts which will aid in making the last year of the century a memorable one in the annals of medicine.

The Rinecke Prize.—*Science* for March 16th states that the Faculty of Medicine of Würzburg has awarded its Rinecke prize of one thousand marks and a silver medal to Professor J. von Kries for his researches in physiology.

An International Congress of Medical "Electrology and Radiology" is to be held at Paris, according to *Science* for March 16th, from the 22d of July to the 1st of August. Professor Weiss, of the University of Paris, is president, and the general secretary is Professor Doner, University of Lille.

MEDICAL PROGRESS.

MEDICINE.

A Tack in the Lung for Seven Years.—Dr. Andrew V. Jova reports the following interesting case: A young man, seventeen years old, a driver by occupation, complained of having had a severe cough with expectoration for seven years. On April 24, he complained that the cough had been worse for three weeks; he was unable to eat, and felt very weak. He had had a slight hemorrhage a few days before. The tongue was thickly coated. Expectoration was profuse and very fetid. Respiration, 44; temperature, 104° F.; pulse, 146. April 25 physical examination of the chest showed, on the left side, percussion normal; there was exaggerated respiratory murmur over the entire lung with slight roughness. On the right side percussion was normal in the upper part. The respiratory murmur was slightly bronchial, and there were a few moist râles. In the lower part, especially over the back and side, percussion was dull, and there was almost complete absence of the respiratory murmur. The symptoms continued about the same on April 26 and 27. During the night of April 27-28 the patient coughed up a hard substance, surrounded by thick mucus of a dark color. On examination this proved to be a tack seven-eighths of an inch in length, well preserved, except that it was covered with rust. On the following morning the respiration was 30, pulse 100, and temperature 102° F. There were abundant moist râles over the upper part of the affected lung. Over the lower part, besides large moist râles, there was a gurgling sound, and over a circumscribed space about two inches in diameter cavernous breathing. Three days later the respiration, pulse and temperature were normal. To-day (May 14) the patient is practically well and able to resume his occupation, but he still coughs a little, and there is some dullness over the lower part of the lung with broncho-vesicular breathing. The mother of the young man informed me that seven years ago, when he was ten years old, he had swallowed a tack while playing. He had experienced a slight choking sensation at the time, but it soon passed away. He had coughed ever since, however, and she consulted several physicians, who

ridiculed the idea of the tack and told her the boy had bronchitis.
—*Med. Rec.*

A Type of Enteric Fever; Not Typhoid.—Otto Lerch claims that there is a type of enteric fever not typhoid, which is probably caused by one of the varieties of the bacterium coli commune. He reports a case which he believes to come under this head, in which, after an illness somewhat resembling an atypical typhoid, the patient suddenly died of heart failure. In this case the fever chart did not resemble typhoid, not even atypical typhoid; the onset was sudden, though prodromes seem to have preceded it; the eruption was peculiar, and tremor was not present, especially tremor of the tongue, a symptom to be looked for in typhoid; the examination of the urine showed the diazo reaction absent, and the blood count showed an enormous increase of white blood corpuscles, never met with in an uncomplicated case of typhoid. At the autopsy the gall bladder was found intact, and the mesenteric lymph nodes were not perceptibly enlarged. The author thinks that the foregoing summary justifies the conclusion that the case represents a type of enteric fever not caused by the bacillus typhosus.—*New Orleans Med. and Surg. Jour.*—*Ex.*

THERAPEUTICS.

Cystitis.—S. S. Jones says that in catarrhal cystitis, acute and subacute, especially in women, bismuth and boric acid are very useful, applied in the following manner: To a pint of warm boiled water add a teaspoonful of a powder made up of 75 per cent. of bismuth and 25 per cent. of boric acid. Use a soft catheter, to which a small glass funnel has been attached. Pour into the empty bladder half of the mixture, which must be kept well stirred, and let it run out; the other half should now be poured in and permitted to remain a few minutes, when it may be voided *per vias naturales*.

In Painful Tuberculous Cystitis.—

R	Gualacol	3i¼
	Iodoform	gr. xv.
	Sterilized olive-oil.....	3xxv.

M.

Sig. Inject ¼ to ½ dram (1 to 2 gm.) into the bladder once or twice daily.

—COLIN.

Cystitis Complicated With Rheumatism.—

℞ Sodii salicylatis ʒi to ʒi ss.
 Syrupi limonis,
 Aquæ menthæ pip. aa ʒxv.

M.

Sig. Teaspoonful every hour.

Acute Blenorrhagic Cystitis.—

℞ Sodii biboratis ʒv lss.
 Sodii bicarbonatis ʒi ss.

M.

Sig. Two teaspoonfuls during the day in a quart of lemonade.

—BALZER.

For Senile Cystitis.—

℞ Ext. hydrangea ʒij.
 Tinct. gentianæ comp. ʒij.
 Tinct. staphisagriæ,
 Tinct. cannabis indicæ aa ʒj.
 Syrupi aurantii q. s., ad. ʒiv.

M.

Sig. A teaspoonful three times daily.

—HOPKINS.

Irritability of the Bladder After Delivery.—

℞ Salol,
 Tinct. hyoscyami aa ʒij.
 Infusi buchu q. s., ad. ʒvj.

M.

Sig. Teaspoonful three times a day. Shake well.

—FOTHERGIL.

℞ Liquoris potassæ ʒj.
 Mucilag. acaciæ ʒss.
 Tinct. hyoscyami q. s., ad. ʒij.

M.

Sig. Dose a teaspoonful.

In Acute Catarrhal Form With Mal-Odor.—

℞ Amyl nitriti gtt. v.
 Aquæ destil ʒiv.

M.

Sig. Add ʒss. of this solution to the proper quantity of water for a vesical injection.

In Chronic Cystitis.—

℞ Acidi borici ʒss.
 Glycerini ʒj.
 Aquæ destil ʒx.

M.

Sig. For an injection into the bladder. At moment of employment mix it with an equal part of warm water.

—ULTZMANN.

℞ Acidi oxalici..... gr. xvj.
 Syrupi aurantii..... ℥j.
 Aquæ..... q. s., ad. ℥iv.

M.

Sig. Teaspoonful every four hours.

—A. W. MARSH.

Cystitis in Females.—To Neutralize alkaline urine, 5 grains of benzoic acid in capsule every three hours. Large draughts of water after each dose.

In ammoniacal decomposition, 5 grains of salol, in capsule, every two hours until the urine is acid.—BLOOM.

For Washing Out Bladder.—

℞ Argenti nitratis..... gr. xv.
 Aquæ destil..... Oij.

Gonorrheal Vesical Irritability.—In gonorrheal vesical irritability in females, after cleansing the urethra with bichlorid solution, apply pure ichthyol and give:

℞ Ichthyoli..... ℥ij.
 Olei santali..... ℥v.

M.

Sig. In capsule every three hours.

—BLOOM.

—*Jour. Am. Med. Ass.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Alterations in the Venous Coats in Varices.—Raffaele Ianni finds that in varicose veins the retrogressive changes in the walls are due, not only to their passive distention, but also to sometimes extensive new formations of connective tissue, chiefly in the intima—an endophlebitis resulting in nodes or plaques. The elastic fibres of the internal limiting membrane become thinner, and there is new formation of these fibres also. In the innermost layers of the media there is apt to be a circumscribed connective-tissue new formation in the vicinity of the nodes and plaques. This endophlebitis is primary, and does not possess the compensatory powers ascribed to it by Epstein.—*Gazetta Internazionale di Medicina Practica.*—Record.

Epilepsy; Its Etiology and Pathology.—After reviewing briefly the various theories of the causation and pathology of epilepsy, W. House (*Phila. Med. Jour.*, March 24, 1900), believing that "like causes produce like effects," compares the symp-

toms of epilepsy with those of diseases which produce or are accompanied by convulsive seizures. From observation of over five hundred epileptics, and comparing their symptoms with those of sixty alcoholics and those of a large number of paretics, and from the findings in five autopsies, and from an analysis of recent literature, he concludes that: (1) There is no record of pathologic findings which logically explain the symptoms of epilepsy. (2) An increase of cerebrospinal fluid would readily account for the seizures. In many instances it is analogous to the marked increase of fluid in the crania of alcoholics and paretics, and is not dissimilar in clinical effects to the more localized lesions of hemorrhage or abscess. (3) This fluid, physiologically subject to more or less variation in quantity from day to day, is fully capable of pathologic increase, and from analogy must bear exciting relation to the convulsion. (4) Its increase is probably gradual, and to this we may ascribe the auræ. (5) Its absorption probably begins with the third stage of the convulsion (relation and coma), and if this fails repeated convulsions (staticus epilepticus) ensue. (6) Its superabundance may be due to lymphatic spasm, or to marked disturbance of equilibrium between lymphatic and general circulatory activity, which may be favored by heredity, toxemia, or any of the recognized predisposing causes. (7) This creed applies to the so-called idiopathic epilepsy, as distinguished from the convulsion of Jacksonian epilepsy, although even in such cases this condition will help to explain some otherwise unexplainable symptoms.

DISEASES OF WOMEN AND CHILDREN.

Extra-Uterine Pregnancy.—Dr. Frederick W. Johnson, in reporting a case of this sort, stated that some weeks after the rupture she came to Boston and was seen by Dr. E. S. Boland, who, from the history and examination of the case, made a diagnosis of ruptured extra-uterine pregnancy, with a mass of old blood filling the pelvis. Just before leaving the hospital the patient told me that she had consulted Dr. John T. Bottomley, and that he also made the same diagnosis as Dr. Boland.

Thursday, November 9th, a laparotomy was done at the Carney Hospital. A tumor, greenish-yellow in color, the size of an orange, was found adherent in the pelvis. To this was attached the thickened right Fallopian tube. On separating the adhe-

sions, the tumor was found to be connected with the left Fallopian tube. The left ovary, much enlarged, and nearly filled with fluid, could be distinctly seen underneath this mass. The tumor, with the left ovary and tube, was removed, the tube being dissected out of the horn of the uterus, and the horn sewed over and over with catgut. The thickened portion of the right tube, with the fimbriated end, which was closed by blood and what looked like inflammatory adhesion, was removed. This left about two inches of healthy tube, which, after removing the adhesions from the surface of the ovary and cleaning it of adherent blood, was spread out as much as possible over the surface of the ovary and fastened there by fine silk sutures.

After thirty-six hours her temperature never went above normal, and she left the hospital three weeks from the day she was operated on.—*Boston Med. & Surg. Jour.*

Menorrhagia.—The following formula is given in *le Progrès Médical*:

R Salipyrin.
 Potass. bromid āā ʒiiss.
 Ext. viburnum prunifolium ʒv.
 Aq. dest ʒj.
 Cognac,
 Syr. of orange peel āā ʒv.

M.

Sig. A teaspoonful to be taken in the evening the fifth day before the expected period; the same quantity morning and evening on the fourth and third days; three teaspoonfuls on the second day, and four teaspoonfuls on the day before and on the day of the appearances of the menses.

—*Med. Bull.*

A Sterilizer for Confinement Cases.—F. A. Higgins (*Boston Medical and Surgical Journal*, Jan. 25, 1900) recognizes the practical difficulties in sterilizing instruments in the houses of patients. Under his direction was manufactured a covered box of nickel-plated sheet copper, fourteen inches long, five inches wide, and two and three-fourths inches deep. The cover fits inside the top, and on the bottom is an ordinary thin, perforated metal tray. Such a sterilizer can be used on top of an ordinary stove, or with an alcohol lamp. The lamp for using alcohol is a small metal box, two and a half by four and a half inches, and seven-eighths of an inch deep, fitted with a cover. This box is filled with asbestos, which is covered with wire gauze.

This lamp will burn two ounces of alcohol in fifteen minutes. When the lamp is used the sterilizer is raised by inserting four small legs into the slots on the bottom of the box. The lamp will boil water in six minutes. The whole outfit weighs only three pounds. The instruments are placed in the sterilizer, which is carried in the instrument bag. These instruments consist of obstetric forceps with axistraction rods, pelvimeter, scissors, long dressing forceps, long double hook, vulsellum, several artery forceps, scalpel, one long-handled perineum needle, several curved needles, long aspirating needle, glass curved douche tube, rubber catheter, long gum elastic catheter.—*Medicine.*

SURGERY.

Gunshot Wounds with Mauser Bullets.—From the accounts published of the wounds inflicted on our troops by the Mauser bullets it may be inferred that it is, so to speak, a humane bullet, usually occasioning but little pain or hemorrhage in traversing the body and limbs of the soldier. This may be adduced in its favor in contrast with the vastly more destructive effect of the old spherical bullet of bygone wars, or the big Snider bullet of more recent times. The special features of the Mauser bullet wound probably owe their character to its greater velocity and smaller diameter than the older projectiles, with consequently less strain upon the tissues through which it passes. There may be a modulus of elasticity inherent in the human tissues which is exceeded by the passage through them of the more slowly moving and more bulky old round bullet, which causes them to give way and be torn and disrupted from their connections beyond the immediate track of the projectile. This collateral action would give rise to extreme pain, and cause laceration of blood vessels and nerves beyond those actually cut by the foreign body in its track. On the other hand, the swifter, less bulky and more pointed bullet would probably glide through the tissues under the modulus of their inherent elasticity, thus leaving them in a condition to close again after the passage of the projectile, and so sealing up the track from bleeding. This unimpaired elasticity would allow the nerves and blood vessels to resume their normal positions without being torn or overstretched, and would account for the diminution of pain and hemorrhage following wounds by the Mauser and similar gunshot missiles. The aseptic character

of these rifle wounds may possibly be explained by there being less air and *débris* driven in front of the pointed and narrower bullet. Waves of air are seen in instantaneous photographs to precede the missile like a buffer, and the wave of air following the base of the ball would in a great part be shut off by the sphincter action of the elasticity of the penetrated tissues. Under the above circumstances grave shock to the system would be minimized in consequence of the lightning-like transit of the bullet through the body, provided it does not endanger the integrity of nerves or blood vessels.—*Medical Press*.

ORTHOPEDIC SURGERY.

Hallux Valgus.—At the last meeting of the British Orthopedic Society, Mr. Jackson Clarke presented "a case of double hallux valgus treated by excision of the head of the first metatarsal bone, with specimen."

Mr. Clarke said the case was a simple one and familiar to them all, but he brought it to indicate what he took as his guiding principles in the treatment of severe hallux valgus. He showed the heads of two metatarsal bones presenting the usual features of hallux valgus due to severe rheumatoid arthritis. He also showed a drawing indicating the position of the bones before operation. When he opened the joint the great amount of villous hyperplasia of the synovial membrane was the striking feature. The patient was a woman, 28 years of age, with pronounced rheumatoid arthritis in almost all the joints, the hands being very grossly deformed. He thought cases of rheumatoid hallux valgus were instructive, as giving a basis for judging of the effects of operations on other joints for rheumatoid arthritis. The patient now walked about without pain. The fact that the pain was quite removed, as well as the deformity, by taking away the head of each metatarsal bone and cutting away the villous overgrowth of the synovial membrane, he thought was an encouragement to excise other joints besides the first metatarsophalangeal joint of the great toe. He had seen cases of obstinate effusion into the elbow-joint, quite crippling the patient for many years, and he saw no reason why such a joint should not be excised. Of course, the plan might be carried too far. When other joints were more or less affected, as in this case, one could only deal with those which called most urgently for treatment.

Mr. John Poland showed a specimen from a case of hallux valgus from a different cause to that of Mr. Jackson Clarke. He thought the time had now come when they should differentiate entirely the cases of hallux valgus occurring in young people from those of the class spoken of by Mr. Clarke—those in which there was a very severe valgus condition in young people of fifteen or sixteen years of age. At the commencement of the present year he (Mr. Poland) had the opportunity of bringing before the Society a very severe case of unilateral hallux valgus in a boy of fifteen. In him there was no mechanical cause, such as pressure by boots, and he had brought a girl of seventeen, and a child, from both of whom he removed the head of the metatarsal bone; and in both there were two distinct facettes for the sesamoid bones to develop, and there were the usual displacements towards the outer side. In the present case it was bilateral, and he only removed the head of the metatarsal bone on one side, and on the other he divided the external lateral ligament and the obductor pollicis. He thought they should understand the pathology of the two classes of cases and clearly differentiate them. He felt sure the cases of which he had spoken were due to some congenital defect.—*Scalpel*.

OPHTHALMOLOGY.

Concussion of Retina—Sidney Stephenson reports a case in the *British Medical Journal*, which is one of the condition described by Berlin, in which there is a cloudiness of a portion of the retina not involving the blood-vessels, reaching its height in twenty-four to thirty-six hours, and disappearing in two or three days. It is accompanied with some affection of sight, episcleral congestion, and a difficulty in getting the pupil to dilate from atropin. Berlin's theory was that rupture of the choroid was followed by bleeding and edema of the retina; but Denig has lately maintained that it is due to impingement of the vitreous on the retina, tearing the internal limiting membrane and following the vitreous into the nerve-fiber layer. The alternate elevations and depressions thus brought about in this layer are, in his view, the cause of the ophthalmoscopic appearances. Stephenson's patient was a boy who had been struck with a ball, and there was reduced tension, and at first contraction, and later widening pupil.—*Jour. A. M. A.*

DERMATOLOGY AND SYPHILOLOGY.

Treatment of a Case of Leprosy by Hypodermatic Injections of Chaulmoogra Oil.—Tourtoulis-Bey (*Annales de Dermatologie et de Syphiligraphie*) reports a case of leprosy greatly improved by chaulmoogra oil administered hypodermatically. The patient, who was a native of Upper Egypt, presented well-marked symptoms of the disease, which was of the mixed variety and began at fifteen years of age. Chaulmoogra oil was at first prescribed in thirty to fifty drop doses by the mouth. At the end of two months there was decided improvement, but the patient was obliged to give up the oil because of the nausea and vomiting it produced. Later it was again tried, but had again to be abandoned as before. Hypodermatic injections were now used, and after fifty injections of five grammes each the lesions began to undergo retrogression. After six years of this treatment the patient was practically well.—*Amer. Jour. Med. Sc.*

Fatal Case of Post-Vaccination Pemphigus.—An exceedingly rare sequela of vaccination has recently occurred at Derby. A recruit of the Yorkshire Light Infantry was vaccinated along with several others by the local military surgeon at Pontefract. So far as can be gathered from the local newspaper reports, this took place last December, and his arm being affected he was sent back to Derby, where he suddenly developed acute pemphigus. In that condition he was admitted to the Derby military hospital, where he died at the end of February. In the course of evidence it transpired that the vaccinating surgeon used glycerinated calf lymph supplied by the Army Vaccine Institute at Aldershot. Last year he vaccinated over 600 recruits, and in one case only had a bad result, when in December a soldier was attacked with acute pemphigus, from which he ultimately recovered after a severe illness. The jury found that deceased died from pneumonia, following upon vaccination. This unfortunate occurrence demands a most searching official inquiry into the methods pursued at the Aldershot vaccine station, and also the way in which the operation was performed. It is usually held that a properly prepared glycerinated lymph can hold no extraneous organism in a living condition. In both the above cases, however, the fluid appears to have conveyed a specific pathogenic organism. Pemphigus is a symptom, and often means the supervention of bullæ

upon an inflammatory lesion. But in certain cases it appears to be due to a specific micro-organism, and is sometimes met with in butchers. At first sight it certainly looks as if the disease owed its origin to the calf lymph from Aldershot. A close investigation and full report would have great value from a scientific point of view, to say nothing of the necessity of safeguarding the absolute purity of government lymph.—*Medical Press and Circular*.

GENITO-URINARY DISEASES.

Large Urinary Calculus Expelled From the Urethra.

—Dr. J. G. Cecil stated before the Louisville Medico-Chirurgical Society that, through the courtesy of the official reporter, he was able to show this specimen, a urinary calculus, interesting because it was expelled from the urethra without assistance. The stone is oblong in shape, and measures five-eighths of an inch in length and three-eighths of an inch in width.

The history of the case contains nothing of especial significance. The patient, a man aged 53 years, had his first attack of pain in the back and left side four years ago. Several similar attacks have occurred since, the last being in December, 1899, when this stone was passed. He described the pain as being severe in character, beginning in the region of the kidney, radiating toward the bladder, thence to the end of the penis. The attack in December began Friday night; it became more severe on Saturday, and no urine, except a few drops at a time, was passed from 11 o'clock Saturday until about 4 o'clock on Sunday, when, after about two hours' straining, accompanied by the passing of quite a large quantity of blood from the urethra, the specimen which I show you was expelled. A large amount of urine was then voided. Some blood continued to pass from the urethra for several days; the pain soon subsided, and the man made a good recovery.

Discussion.—Dr. F. C. Wilson: This case shows us the importance, where physicians see cases of the kind, where a stone is evidently passing down from the kidney through the ureter, to give advice tending to favor its passing on out into the world. When I meet with cases of nephritic colic I always caution the patient, and explain to him fully the importance of it, and, in order to facilitate the passage of the stone, give him directions to get on his hands and knees in passing water, so as to throw

the neck of the bladder at the lowest point, like the neck of a funnel; and time and again I have seen stones passed in this way with facility; and then, of course, when it is passed from the urethra there is nothing further to be apprehended. I have often seen good results from advice of this kind.—*Am. Pract. and News.*

PROCTOLOGY.

Modern Surgical Treatment of Hemorrhoids.—Dr. Gustavus Blech writes as follows in the *Medical News*: Since a hemorrhoidal tumor is but the result of an inflammatory process, he believes that germ infection must be the main etiological factor. A *locus minoris resistentiæ* is produced by certain mechanical influences, which, however, in the light of modern pathology, can be considered only as predisposing causes. In this class belong straining during defecation, obstruction of the portal vessels from liver disease and abdominal tumors, pressure produced by the gravid uterus, pressure on the veins by impacted feces, etc. That germs are primary factors in the production of hemorrhoids the author is satisfied from observation in his practice.

As to the treatment, he said that in the earlier years of his professional career he was in the habit of removing internal and external hemorrhoids with the ecraseur. His objection at present to this method is that the wire of the instrument is very apt to break, leaving the operator in a dilemma, especially when the operation is half completed. Secondly, the cut surface is not accurate, nor can it be regulated. No matter how close the wires are kept down to the base of the pile, the ecraseur cuts as it pleases and not as the surgeon desires it. Thirdly, it frequently happens that after the operation is finished complete separation of the tissues does not take place, and if the screw is tightened some tissue is drawn into the stem, and if continued the stem is apt to bore itself into the rectal wall. He does not favor the Whitehead operation. His method of operating for internal hemorrhoids differs but little from that of most surgeons. If he has to remove but one tumor of large size, he simply throws around its base a temporary ligature, cuts off the entire tumor, and then sews the wound with interrupted suture in the direction of the axis of the rectum.

DISEASES OF THE NOSE, THROAT AND EARS.

Operation on the Pharyngeal Tonsil; Hemophilia; Death.—R. Sachs operated on a boy, aged 10 years, under chloroform, using a modified Gottstein knife. The tonsil was removed in one piece as large as a walnut. Bleeding at the time was no more than usual, and the child was sent home, but he began to bleed again in a few hours. Hemorrhage recurred at intervals; it was temporarily checked, but recurred again, and the child died on the fourth day. Later inquiry revealed the fact that his maternal grandfather had died at the age of 42 years of hemophilia (renal hemorrhage). The child had also manifested in previous years evidences of the same disease.—*Journal of Laryngology*.—*Med. Rec.*

ANTENATAL PATHOLOGY.

Congenital Hernia of the Umbilical Cord.—Dr. George Kessel, Cresco, Ia., writes to the *Medical Record*: In the *Medical Record* for Nov. 4, 1899, is an article on "Congenital Hernia of the Umbilical Cord," with a history of two cases. I want to add the history of a case.

On August 2, 1899, I delivered a healthy woman in her first confinement of a healthy girl baby. The labor was normal. But I was astonished when I took my first look at the child and saw the large hernia of the cord. The coils of intestine and the liver could be seen clearly through the transparent membranes of the cord. Apparently all the abdominal viscera were in the tumor, which was as large as the child's head. These contents could be easily reduced. Being afraid to leave the tumor over night as it was, I immediately performed the operation of stitching the freshened edges of the incomplete umbilical ring together with silk. But the child died during the night. Death seemed to me to be due to the pressure of the abdominal contents within the abdomen, for every time I reduced the contents the pulse weakened and failed, and upon relaxing the pressure it grew strong again. If I ever see another case of the kind I shall wait a day or two before I operate.

BOOK REVIEWS.

A Cyclopedia of Practical Medicine and Surgery. A Concise Reference Book, Alphabetically Arranged, of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics, and the Various Specialties, with Particular Reference to Diagnosis and Treatment. Compiled under the Editorial Supervision of GEORGE M. GOULD, M.D., and WALTER L. PYLE, M.D. Imperial Octavo. Illustrated. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, sheep or half dark green leather, \$10.00; thumb index, \$11.00; half Russia, thumb index, \$12.00.

This is a handsome work of about the same size as Dr. Gould's Illustrated Medical Dictionary and a fit companion on a library shelf. They are both ponderous volumes, but their weight is far from being equal to their utility. The cyclopedia before us has been written and edited with the greatest care by men capable, each one in his own line and specialty. No less than 74 contributors have written for its pages, and all this vast material has been collated, arranged, carefully edited by the editors. That they have made a complete success of their work is evidenced by the volume before us. There are numerous short and concise but thorough articles throughout the work, but each one is impersonal, and care has been taken that the views of authors on the same subject should not clash, a fault which is but too often conspicuous in many of the "Systems" which have appeared.

Throughout this work a unity of purpose and of treatment is prominent. The two points which have been made especially conspicuous are diagnosis and treatment, and all long-winded dissertations have been judiciously kept out. The present is, beyond doubt, the best one-volume medical cyclopedia which has appeared up to the present day, and we can heartily recommend it to all medical men who need such a work. We can even go further and advise them to obtain a copy and place it side by side with Gould's Illustrated Medical Dictionary, and if any one does not possess the latter, buy both, for a better investment in medical books could not be made.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., assisted by CHARLES ADAMS HOLDER, M.D. Vol. I. March, 1900. 8vo., pp. 428. With 36 Engravings and a Colored Plate. [Philadelphia and New York: Lea Brothers & Co. 1900. Issued Quarterly. Price, \$10.00 per year.

This volume of Progressive Medicine, like its predecessor, is indeed a welcome visitor. Its pages are replete with well-written summaries of the best medical literature which has appeared

during the past year. In the volume before us are taken up the Surgery of the Head, Neck and Chest, Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza, Diseases of Children, Pathology, Laryngology and Rhinology, and Otology. It would be a rather difficult matter to refer to any one part as superior to another, and yet some are so well written as to deserve that mention which they deserve. Thus Dr. J. Chalmers Da Costa's references to diseases of the mammary gland make a finished and thorough essay on the subject; in like manner the surgical operations about the chest. We are surprised to see (page 46) *nævæ* printed for *naevi*.

Measles forms the subject of an interesting chapter under Infectious Diseases. Dr. Frederick A. Packard illustrates this with a good plate of Koplik's Spots, faithfully reproduced from that author's work. A subject of no small importance is that of serum therapy in diphtheria, and this is fully considered, and the consensus of opinion on the Brand method in typhoid fever is favorably commented upon in a large and exhaustive article on this disease. The subject of pathology is treated of by Dr. Ludwig Hektoen in his usual thorough manner. The chapter on Pathogenic Micro-Organisms is particularly interesting. This forms but a portion of his valuable summary, which alone is worth the price of the whole volume.

As we have stated on a former occasion, we lack space to do full justice to this work. It must be read to be appreciated, and the fact that it has been taken up with such avidity by the medical profession, is proof most ample of its value and usefulness. We again commend it to the medical profession.

The International Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners. By a large Corps of Distinguished Contributors. Eighteenth Year, 1900. Small 8vo., pp. 748. [New York: E. B. Treat & Co., 1900. Price, \$3.00.]

Treat's Annual, as it is best known, shows no signs of decadence, but rather exhibits increased strength, and in this its eighteenth year of publication it is larger, more complete, and better than ever before. We had almost thought that it could not be improved upon; but the volume before us is demonstrative of the contrary view. It is much improved, and long as well as able articles are to be found throughout the book. Many are handsomely illustrated. As an example of this we may mention an article on Mycetoma, by Lieut.-Col. W. Keith Hatch, I. M. S. (Bombay), F.R.C.S., who illustrates his article with six full-page plates, four of which are in colors. Mr. Keith D. Monserrat gives an interesting résumé of the subject of cancer, more especially in connection with the question of its parasitic nature. The article is well written and illustrated by four full-page plates,

two of which are colored. This is certainly a very interesting article.

The book abounds with these special articles and all are distinguished by clearness of diction and explicitness, which adds to their value. As in the past, the subjects are alphabetically arranged, and the dictionary of new remedies, medical and surgical, are of that same high grade as has always characterized this annual. Taken altogether, this book is a thorough and good review of progress in the medical sciences which has been made in 1899. It is well illustrated by 51 engravings and 26 plates, and, taken altogether, it is published at a remarkably low price. Those of our readers who have never bought this book could do no better than procure a copy now; those who have been taking it will continue to do so. They fully appreciate its worth and cannot do without it.

Transactions of the American Pediatric Society. Eleventh Session, held at Deer Park, June 27, 28 and 29, 1899. With the Constitution. Edited by FLOYD M. CRANDALL, M.D. Vol. XI. 8vo., pp. 252-v. [Reprint from the *Archives of Pediatrics*. 1899.

The present is a handsome volume and is replete with good papers by representative pediatricists of this country. The President's address, by Dr. W. P. Northrup, is one which every medical teacher should read. It deals with Methods of Instruction in Pediatrics, and *mutatur mutandum* it applies equally as well to every other chair in a medical college. The other twenty-seven papers are all worthy of close and careful attention. They have all appeared in the *Archives of Pediatrics*, and are all, no doubt, more or less familiar to our readers.

Before closing we desire to extend our compliments to Dr. Floyd M. Crandall, the editor of these proceedings, on the thorough manner in which he has edited them; and to the publisher upon the handsome manner in which he has published them.

Diseases of the Nose and Throat. By J. PRICE BROWN, M.B., L.R.C.P.E. 8vo., pp. 471. Illustrated with 159 Engravings, including 6 Full-Page Color-Plates and 9 Color-Cuts in the Text, many of them Original. [Philadelphia: The F. A. Davis Co. 1900. Price, \$3.50 net.

In this work the author has afforded the general practitioner a good guide to assist him in the treatment of diseases of the nose and throat, and afford him that aid to a knowledge in which he acknowledges himself deficient. This work is far from being prolix, but it is written in a very clear manner and in such a way that reference can be easily made to any subject desired.

It is divided into three general parts, respectively devoted to Diseases of the Nasal Passages, Diseases of the Pharynx and Diseases of the Larynx. In each one of these the anatomy and the

proper methods of examination are given. A consideration of diseases, their appearances, the diagnostic points, and methods of treatment are given. This is all done so systematically that it is really a pleasure to read the book.

The author having been engaged in the general practice of medicine for twenty years, and in special practice for ten years, he has fully appreciated the needs and wants of the physician unacquainted with diseases of the nose and throat; and he has certainly filled this hiatus in the book before us. The illustrations are numerous and well made, and their selection has been very judicious. The book is a good one and useful withal.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Diseases of the Nose and Throat. By J. Price-Brown, M.B., L.R.C.P.E. 8vo., pp. 471. Illustrated with 159 Engravings, including 6 Full-Page Color-Plates and 9 Color-Cuts in the Text, many of them Original. [Philadelphia: The F. A. Davis Co. 1900. Price, \$3.50 net.

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A Cyclopedia of Practical Medicine and Surgery. A Concise Reference Book, Alphabetically Arranged, of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics, and the Various Specialties, with Particular Reference to Diagnosis and Treatment.

Compiled under the Editorial Supervision of George M. Gould, M.D., and Walter L. Pyle, M.D. Imperial Octavo. Illustrated. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, sheep or half dark green leather, \$10.00; thumb index, \$11.00; half Russia, thumb index, \$12.00.

The Colorado Medical Journal has recently adopted a neat and tasty cover and is generally improved in appearance. Dr. Wm. N. Beggs, the editor and publisher, has much improved this publication in every respect, and with a large corps of collaborators, chosen from the best men of the profession in Colorado, the *Journal* is destined to a bright future.

Scattered Leaves From a Physician's Diary is an octavo brochure of 60 pages, containing "a series of satirical sketches from real life, reflecting more or less upon the men who control it," as Dr. Albert Abrams, who is the author, puts it. He has made himself known as the author of "The Antiseptic Club," and the present sketches have appeared in the *Medical Fortnightly*. The stories are all good and the author should have continued his series. A Patent Medicine, My First Patient, and a Scientific Courtship are among the best of the sketches. They should be read by every physician to drive away dull moments. The Fortnightly Press Co. of St. Louis are the publishers and the price has been placed at 50 cents.

Bibliographia Medica [Index Medicus] is a monthly which owes its origin to the zeal and labor of Dr. Macel Baudouin, the well-known specialist in bibliography of Paris. The journal is small quarto in size, appears monthly, contains 64 pages, and purports to contain a classified index of current medical literature which has appeared the preceding month. The editor-in-chief is ably assisted by Professors Charles Potain and Charles Richet, and we are in hopes that their efforts will be crowned with financial success. The price of this publication has been fixed at 60 francs (\$12.00) a year, and subscriptions may be sent to 93 Boulevard St. Germain, Paris, France, addressed to the journal.

The Essentials of Hemology is just what it purports to be. It is a reliable as well as practical guide to the clinical examination of the blood for diagnostic purposes, published by the Palisade Manufacturing Co. of Yonkers, N. Y. This octavo of 45 pages is magnificently illustrated with colored plates and will be highly appreciated by every physician who makes microscopic blood examinations. This is the first number of a series of condensed but comprehensive text-books which the makers of Hemaboids intend issuing. The next will be a Diagnostic Bacteriology, to be followed by one on the Clinical Examination of the Stomach Contents. As these are furnished to the profession gratis, the company doing this should certainly receive its hearty support.

MELANGE.

Missouri State Medical Association.—The forty-third annual meeting of the Medical Association of Missouri will be held in Mexico, May 15, 16 and 17. The following papers have thus far been promised:

J. K. Bauduy, St. Louis, A Case of Secondary Carcinomatous Spondylitis; Carl Barck, St. Louis, Intra-Ocular Tumors; J. C. Crist, Lexington, Acute Inversion of the Uterus; C. R. Day, Mayview, Quackery vs. Medical Ethics; C. A. Dannaker, Kansas City, Are Obstetrical Emergencies Fully Anticipated; A. H. Ohmann-Dumesnil, St. Louis, Two Cases of Chancre of the Groin; P. S. Fulkerson, Lexington, Diphtheria; William Frick, Kansas City, Some Observations on Secondary Syphilis; Pinckney French, St. Louis, Modern Pathology and Treatment of Appendicitis; R. S. Kelso, Joplin, Small-Pox, Its Prevention and Treatment; O. P. Kernodle, Sedalia, Recent Improvements and Discoveries in the Science of Alimentation; H. W. Loeb, St. Louis, Limitations of the Laryngologist in the General Treatment of Nose and Throat Diseases; F. J. Lutz, St. Louis, Report on Abdominal Surgery; John Punton, Kansas City, Hysteria and Its Protean Manifestations; E. E. Parrish, Memphis, Hystero-Epilepsy; E. L. Priest, Nevada, State Medicine; J. L. Short, Kansas City, Entropium and Its Rational Treatment; E. Van Note, Kansas City, The State's Greatest Crime; C. H. Wallace, St. Joseph, Treatment of Hernia by the Marey-Bassini Operation.

A symposium on gall stones will be a feature of the meeting, which will include the following: Physiology of the Bile, C. Shattinger, St. Louis; Pathology of the Gall Stones, H. Summa, St. Louis; Etiology and Diagnosis, W. G. Moore, St. Louis; Medical Treatment, F. C. Wainwright, Kansas City; Surgical Treatment, A. V. L. Brokaw, St. Louis.

In addition the following have promised to contribute: W. S. Alee, Olean; L. W. Dallas, Hunnewell; J. M. Allen, Liberty; John Young Brown, St. Louis; J. F. Campbell, Calleo; O. B. Campbell, St. Joseph; R. M. Funkhouser, St. Louis; Hal Foster,

Kansas City; C. Lester Hall, Kansas City; L. I. Jones, Linden; J. E. Jennings, St. Louis; W. F. Kuhn, Kansas City; W. P. King, Kansas City; E. W. Schaufflen, Kansas City.

Arrangements have been made for an exhibit of pathologic specimens. Those who have appropriate specimens that are available are requested to notify the committee at once.

A. R. KIEFFER, M.D., Chairman,
4268 West Belle Place;
H. W. LOEB, M.D., 3559 Olive Street;
H. C. SHUTTEE, West Plains;
Committee on Scientific Communications.

Work Among the Lepers in the Far East.—One of the most interesting themes that will be considered at the Ecumenical Missionary Conference in New York, April 21 to May 1, relates to the work done for lepers in various parts of the world. It is to be especially reported on by Wellesley C. Bailey, secretary and superintendent of the Mission to Lepers in India and the East, and by Miss Mary Reed, a missionary to the lepers. The Mission to lepers in India begun in 1874 found a necessitous sphere of work among this large and afflicted class. There are nearly half a million lepers in India alone, and large numbers are to be found in other eastern lands. There are now fifty-two leper asylums in India, Burmah, Ceylon, China, Japan, and Madagascar. Much of this advance is said to be due to Mr. Bailey, who joined the American Presbyterian Mission in the Punjab in 1869, and spent twelve years in India working among the lepers and part of the time having charge of two leper asylums. In 1874 he visited Ireland. Securing the promise of \$150 annually for the relief of lepers, he established the mission for them. In 1893 the title was enlarged, and the society became "the Mission to Lepers in India and the East." In 1897 the mission helped nine British and several other missionary societies, and had twenty hospitals of its own, a number of homes for the untainted children of lepers, and expended \$37,960 in its work. The number of inmates in the mission homes is about one thousand, and there are about seventeen hundred in aided institutions.—*Med. Rec.*

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ORIGINAL COMMUNICATIONS.

AN EPIDEMIC OF IMPETIGO CONTAGIOSA.*

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

The eminently contagious character of impetigo contagiosa has always led those who have had occasion to treat cases of this disease to trace the original source of contagion of each one. It is hardly necessary to insist upon the difficulties which are presented in such an inquiry, and it is only when the physician, as in my case, has treated all the cases that a satisfactory genealogy of the epidemic can be established. It may be said that the total number of cases observed by me is a comparatively small one; still, on the other hand, not only were they traced each one to the cause which started it, but a treatment was employed which caused the disease to disappear and prevented a further dissemination of the disease. In other words, the epidemic was completely and thoroughly stamped out. A short synopsis of each case will not be uninteresting before proceeding to analyze the entire group.

CASE 1.—Carl B., a schoolboy, 8 years old, presented the first lesion in the early part of February. March 4 he presented an irritated patch one inch below the left angle of the mouth. This was followed by a group of large vesicles and small crusts, the whole larger than a silver dollar. There were also four crustaceous lesions on the buttocks, two on either side of the internatal cleft. A week later sero-crustaceous lesions existed

*Read before the Tri-State Medical Society of Iowa, Illinois and Missouri, at St. Louis, April 4, 1900.

upon the limbs. They were the size of the small finger-nail. There was one on the left patella, one on the internal side of the tibia, one on the crest of the tibia, and one $1\frac{1}{4}$ inches external to the last, on the left leg. On the left leg there was one external to the crest of the tibia at its middle, one 1 inch external to this. The lesions itched and the pain was marked. The treatment consisted of

R Hydrarg. bichlorid..... gr. j
 Pulv. Campho-phénique..... ʒj.
 Cerat. simpl..... ʒj.

M.

Sig. Apply twice a day.

The case recovered completely, although it took several weeks, on account of neglect.

CASE 2.—Edward L., an infant of 13 months, was brought to me for treatment June 17. Since June 3 there has existed an eruption of vesicles on the abdomen. The vesicles have appeared in successive crops. They are split-pea sized and even larger and break down, forming crusts. These vesicles and crusts are distributed over the abdomen, thighs, chin and neck. One lesion is situated at the root of the thumb, and on the flexor surface of the wrist. The eruption itches. Bowels irregular. The following was ordered:

R Liq. kali arsenit..... ʒss.
 Vini ferri..... ʒj.
 Syr. limonis ʒj.
 Aq. destillat..... ad. ʒij.

M.

Sig. Teaspoonful three times a day.

Externally, the following was ordered:

R Pulv. campho-phénique..... ʒss.
 Ung. aquæ rosæ ʒj.

M.

Sig. Apply twice a day.

June 21 the eruption had disappeared and the case declared well.

CASE 3.—Blanche S., a little school-girl of 7, was first seen June 19. Her upper teeth were pegged and the lower notched. Other signs of pre-natal syphilis also presented themselves. She had impetiginous patches of the size of a silver half-dollar on the right cheek. On the right side of the nose there were silver half-dime sized patches. Ordered the following ointment:

℞ Pulv. campho-phénique..... ʒj.
Cerat simplicis..... ʒj.

M.

Sig. Apply twice a day.

June 22 blebs were present on the upper lips and over the left nares. On the right side of the chin were large pea-sized blebs, and smaller ones on the nose. The following was ordered in addition to the ointment:

℞ Liq. kali arsenit,
Vini ferri..... āā ʒij.
Syr. limonis..... ʒj.
Aquæ destillatq. s., ad. ʒiij.

M.

Sig. A teaspoonful after each meal.

The lesions were growing smaller June 26, and three days later the case was much improved, some few vesicles still being present. The following was ordered:

℞ Liq. kali arsenit.
Vini ferri..... āā ʒiij.
Syr. limonis,
Aquæ distillat..... āā ʒiss.

M.

Sig. Teaspoonful three times a day, after meals.

The ointment to be used was modified as follows:

℞ Campho-phénique..... ʒj.
Bismuthi subnitrat..... ʒss.
Cerat simplicis..... ʒj.

M.

Sig. Apply twice a day.

The lesions had all disappeared July 3, and the patient was discharged cured.

CASE 4.—Byron K, a small boy of 2, was brought to me July 6. Two weeks before the eruption appeared on his forehead and consisted of bullæ. At this time there were lesions on the hands and face. The bullæ had disappeared, macules and crusts being the remains on the right side of the face. The left side was not attacked. The child had been playing with case 3. The following was ordered:

℞ Liq. kali arsenit..... ʒss.
Vini ferri..... ʒiij.
Syr. limonis..... ʒj.
Aquæ distillat..... ad. ʒij.

M.

Sig. Teaspoonful after each meal.

Externally, the following ointment was ordered:

R Pulv Campho-phénique.....	3ss.
Bismuth subnitrat.....	3iss.
Cerat. simpl.....	3j.

M.

Sig. Apply twice daily.

The quantity of Fowler's solution was doubled July 10, and five days later the case was cured.

CASE 5.—Margarite H., 2½ years old, was brought to me July 10. About a week previously she had an erythema of the face. A few days later an eruption of vesicles appeared on the face and bullæ upon the hands. When seen the face and upper portion of the neck was involved, the bullæ having burst. She was ordered the following:

R Liq. kali. arsenit.....	3j.
Vini ferri.....	3iij.
Syr. limonis.....	3j.
Aqua distilled.....	q s ad 3ij.

M.

Sig. Teaspoonful three times a day after meals.

Externally, the following ointment:

R Pulv. campho-phénique.....	3ss.
Bismuth subnitrat.....	3j.
Cerat. simplicis.....	3j.

M.

Sig. Apply twice daily.

The case recovered rapidly under this treatment.

CASE 6.—Minnie K., aged 4, was brought to me July 17. Three days before bullæ appeared on the left forefinger, right ring finger, left labial commissure, and under the right ear. At the time of examination they were all flattened. The same treatment was ordered as in case 5. No change was noted July 20. Same treatment continued. July 29 the face was much improved, but an eruption had appeared on the chest and neck. Same treatment. Aug. 3, some complaint of gastric trouble. Internal medicine was discontinued but ointment ordered kept up. Aug. 15 the case was discharged well.

CASE 7.—Florence K., a school-girl of 8, presented herself July 29. Her trouble appeared a week previously. When seen she had bullæ at right labial commissure, one on the right upper eyelid, and a few on the left cheek. The treatment was the same as in case 6. The case was well Aug. 6.

CASE 8.—Emma K., a school-girl of 10, was first seen Aug. 3. There was an eruption of bullæ about the face. The left little toe was also affected. In addition to this the eyelids, the left ear and the fingers were the seat of bullæ. The right nostril was somewhat blocked by crusts. Treatment was the same as in case 6. Aug. 9 the case was well.

CASE 9.—Ida K., married, 27 years old, presented herself Aug. 3. She stated that her trouble first showed itself July 29. She presented a large patch of vesicles and bullæ on the left side of the chin; one over the right clavicle and a small one on the right side of the face. She was ordered a mixture containing five drops of Fowler's solution at a dose, three such to be taken daily. For external use there was ordered:

R Pulv. campho-phénique 3j.
 Bismuthi subnitrat 3ij.
 Cerat. simplicis..... 3ij.

M.

Sig. Apply twice a day.

Complete recovery was established Aug. 12.

CASE 10.—Willie H., 9 years of age, presented himself Aug. 19. His trouble first appeared six days before in the form of bullæ over the right clavicle and then on the face. When seen he had a scaling erythematous lesion on the right cheek of the size of a silver half-dollar, on the chin a crust of the size of the little finger-nail, on the lower lip at the left commissure a crust split-pea in size, on the upper lip at the right commissure a similar crust, on the left side of upper lip a smaller crust, and on the right side of the nose a crust little finger-nail in size. The same ointment as in case 9 was used, and in a week the case was well.

CASE 11.—Gerhard H., aged 11, was first seen Aug. 19. Six days previously he had an eruption of bullæ on the ramus of the right jaw, the point of the chin. When seen an erythematous lesion of silver-dollar size existed on right ramus of jaw and three smaller ones on right side of chin. The same ointment as used in case 6 was ordered and a cure resulted in a week.

CASE 12.—Thomas D., age 3, was brought to me Aug. 24. The eruption first appeared Aug. 10. There were bullæ on right elbow, upper lip and chin, and both knees, the left one first. When seen there was a dollar-sized patch at the point of the elbow

and crusts about the mouth and upper lip as well as the chin. A crust existed on the right knee, on the left ear, and on the scalp just above the ear. The following ointment was ordered:

R Acid carbolici.....ʒj.
 Pulv. campho-phénique.....3ss.
 Cerat. simplicisʒj.

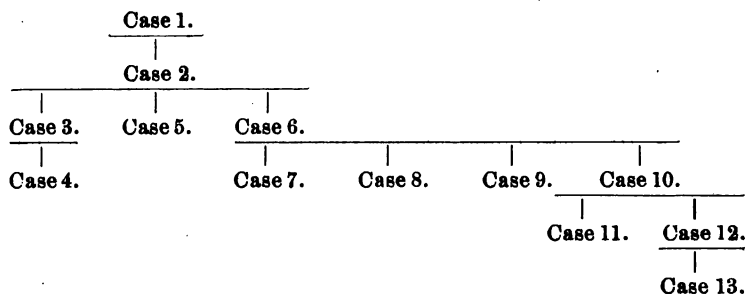
M.

Sig. Apply twice a day.

In ten days the case was well.

CASE 13.—Loretta D., aged 5, presented herself Aug. 24. A week before the eruption first showed itself. She had had herpes four weeks before that trouble appeared. When seen she had a characteristic crust on the right side of the face just above the ramus of the jaw. She was placed under the same treatment as case 12 and recovered promptly.

Such are the histories in outline of the cases concerned in this small epidemic; but before proceeding any farther it may be advantageous to give a diagrammatic representation of the manner in which the cases originated by means of a diagrammatic chart:



Whilst a small number of epidemics of impetigo contagiosa has been reported, sufficient care has not been taken to trace the cases to the first one and then to follow the spread of the disease in all its ramifications. I have succeeded in the former and, as far as I could determine, in the latter. Yet I have no doubt that some cases occurred which escaped my observation and probably fell into the hands of others for treatment. The fact of contagion was clearly established by careful questioning and by taking notes of dates, localities, and such other data of a similar nature which would shed light upon the matter.

Where case 1 acquired the disease could not be established.

Case 2 lived nearly three miles from case 1; but the latter played with the former on the occasion of a visit and transmitted the disease to him. Case 2 in turn inoculated case 3, who lived a block away, and cases 5 and 6, who lived next door on either side. Case 3 transmitted her trouble to case 4, who lived next door. Case 6 transmitted her disease to cases 7, 8 and 9, who lived in the same house and family, being her sisters. Case 6 was also responsible for that of case 10, who in turn inoculated cases 11 and 12, the former (case 10) being a brother of case 11 and a playmate of case 12. This last transmitted the trouble to case 13, his sister, and here the epidemic ceased so far as I could determine.

As will have been noticed, children of the same family transmitted the disease to one another, and this can be easily understood when the close relations existing between such is borne in mind. It will also have been noticed that the cases lived next door or on the same block; and in those cases in which long distances between their homes existed the parents called on each other, taking the children with them, thus affording the latter an opportunity of playing with each other and thus disseminating the disease. Of course no precautions were ever taken to observe any sort of prophylaxis whatever.

Those who have followed the histories of these cases will not have failed to observe that with one exception all were children and babies. This exception is case 9, who was a young woman of 27, the mother of cases 6, 7 and 8. It is most probable that she acquired the trouble from the youngest, who was 4 years old. This need not appear strange, for I have had an opportunity of observing a suckling babe at the City Hospital with a well developed case of impetigo contagiosa, who inoculated the mother's breast with the same disease. One circumstance which I have noted in these cases of adults who acquired the disease from infants, is that the cutaneous affection is not so severe and readily yields to treatment. This latter should be both curative and prophylactic and is, in general, of a simple nature, as can be seen from what has been given in connection with the cases cited.

The most important point is, beyond all question, to take such precautions as will prevent a spread of the trouble not only in a family, but to playmates and companions. This can be best effected by the early and regular use of antiseptic ointments

until the eruption is healed. The great obstacle to the prompt adoption of such measures lies in the fact that parents are too prone to look upon the lesions as merely indicative of herpes or so-called "fever blisters" or "cold sores." Paying but little or no attention to these will easily lead to the occurrence of a more or less circumscribed epidemic, and a result of the neglect of the impetigo contagiosa is a prolongation of the duration of a successful treatment.

Physicians are also prone to pass over too lightly the beginnings of impetigo contagiosa, and are thus partly responsible for the severity of some cases which are observed. A closer acquaintance with the disease and its peculiar manifestations would result in much good in the way of preventing the occurrence of its transmission to others, not only by proper treatment, but by insisting upon the adoption of prophylactic measures by the parents.

NOTE—Those who may desire to consult a thorough and reliable review of impetigo will find it profitable to read "Étude Clinique et Bactériologique de l'Impétigo," by R. Sabouraud, which has appeared in *Annales de Dermatologie et de Syphiligraphie* for January and March, 1900.

The International Dermatological Congress.—At the meeting of the American Dermatological Association, held in Washington in connection with the Congress of American Physicians and Surgeons, a committee was appointed consisting of Drs. J. Nevins Hyde of Chicago, Henry W. Stelwagon of Philadelphia, and T. Caspar Gilchrist of Baltimore, to represent the association at the International Dermatological Congress, to be held in Paris in early August, and to extend a warm invitation in the name of the association to the members of the congress to hold the next international meeting in this country in New York. The committee was further instructed, in the event of the congress giving favorable response, to present the name and urge the election of Prof. James C. White of Boston, the first president of the American Dermatological Association and an honorary member of the French and Italian dermatological societies, for the presidency of that congress.—*Med. Rec.*

THE RELATION OF THE ANESTHETIZER, PATIENT AND OPERATOR.*

BY D. C. MORIARTA, M.D., SARATOGA SPRINGS, N. Y.

Senior Surgeon Saratoga Hospital; Surgeon St. Christina Hospital.

Mr. President and Fellows—It is not my privilege or right, because of insufficient personal data, to treat this subject other than from a practical or clinical standpoint. For while a great deal concerning anesthetics has been accepted, still there is much to be determined and the ideal one has not been found; this is best illustrated by the efforts continually put forth by different bodies of medical men who appoint committees to collect data, determine in regard to them, and then report their conclusions. You are all aware that different sections of our own country will use different anesthetics, so it is with different operators. This is governed by the individual's experience and observations; yet it is not fair for us to be governed by a small number of successes and expose our patients to the dangers of an anesthetic against which statistics show a greater percentage of fatalities.

We know that the various anesthetics are indicated in different conditions, and it is the study of these instances that I have most at heart and which will be taken up ably I am sure in the paper which is to follow this evening by Dr. Sanford.

But first we must consider the anesthetizer. If I were to conclude from what I have observed in my operative experience, I would surely say too little consideration is given to the responsibility and capabilities of the anesthetizer. As a rule, it has been a medical student, or one "just commencing" the practice of his profession, without observation, training or opportunities in this important field. The reason, it seems to me, is one of three—either that in the case above cited the pecuniary remuneration is nothing, or very small; that the patient is ignorant of his danger and so submits to this wrong; or that the operator does not fully appreciate the danger from an anesthetic improperly administered.

I believe the anesthetizer should be a man of resources and experience, thoroughly familiar with the toxic as well as the physiological action of the different anesthetics. He should have definite knowledge concerning the proper method of administering the anesthetic, as well as the necessary remedies and the

*Read before the Saratoga Medical Society, February, 1900.

measures to be pursued in all emergencies that may arise in their employment, whether only calling for slight stimulants or heroic measures, and be capable of directing others to help him to act promptly and efficiently. He will maintain an anesthesia perfectly where a less careful one induces a profound anesthesia which may terminate in death or an inflammatory condition of the respiratory tract; his experience enables him to push ether if needed boldly, while, on the other hand, he knows extreme caution and slowness is the only safe method when administering chloroform. He will use the least possible quantity of the anesthetic, and be ever on the alert for danger signals, none of which should escape his notice, or be beneath his attention when observed.

With such qualifications and proper assistants he will be able to protect the patient and save himself and the operator much anxiety and chagrin. How often have we all observed the anesthetizer appeal to the operator with the expression that the patient was not doing well and should he give this or that remedy. No matter how capable an anesthetizer the operator may be, you can readily see how unqualified he is at this particular time to determine the proper remedy. He has been engrossed with the anxiety of his work and can not learn the true condition of the subject or what has been done; yet how often we answer the query with this or that suggestion, and if the patient continues to do poorly, almost before any one is aware of it, the patient has been over-medicated.

The anesthetizer should, after consulting with the operator to inform himself concerning the patient, and receiving any suggestions of the operator, be in absolute control of all matters bearing on the welfare of his patient incident to the anesthesia.

The operator must submit to and heed the warnings of the anesthetizer or else relieve him of his responsibility by personally assuming the risks. The anesthetizer should consult with the operator to determine when to commence the anesthesia, and learn that the operator is in readiness to proceed with the operation, or within ten minutes of it, so that the patient may be subjected to the anesthetic for the shortest possible time. Many patients take an anesthetic well for a time at the beginning, and later poorly; in these cases a few minutes saved means a good deal, particularly in protracted operations. You have all seen

the patient anesthetized and waiting for the operator to finish his toilet or tell a yarn; this is a serious, possibly a vital as well as unnecessary complication.

A good anesthetizer will determine the condition of his patient's heart and arteries and conditions of his kidneys from the operator before he selects and commences the anesthesia; once he has begun the anesthetic he will give his entire attention to the patient and can readily direct just what he wishes done, will forego all conversation (even that of his talkative colleague so ready at his elbow) other than to give specific directions, except to answer the inquiries of the operator or warn him of alarming complications in his patient necessitating a change of anesthetic or the termination of the operation; if this last should be impossible the operator will appreciate the danger and make all haste in his power.

If the anesthetizer happens to keep a chart of each case he will be better able to judge the patient's relative condition from time to time. Before commencing the anesthesia he should personally know that there is no foreign substance in the patient's mouth, and that all restoratives are at hand and in readiness to meet any and all possible complications so far as it is possible to do. Gentlemen, if it were necessary for one of you to have an anesthetic, have I required too much of my anesthetizer?

Again I ask, can a man of these attainments afford to give his time, often several hours, repeatedly to people of means (or at least able to pay the operator) for a cheerful thank you from the operator? And on some occasions I have not received even that for my services, including the loss of an office hour.

And still another query—how is this to be overcome? It never will be, gentlemen, until the operator awakens and realizes the right of his patients and colleagues, or until he suffers the humiliation of losing a patient on the table through some controllable circumstance. I place the responsibility of this condition on the operator's shoulders; the operator when arranging for the operation and his fee is very apt to belittle the value and necessity of a competent man at the "wheel." I have found it quite as easy to inform my patients that a man as equally competent as the operator must be secured and paid to look after the anesthesia. The operator does not lose any of his prestige by so doing, but rather increases it. While I am sure all are ready and

willing to act in charity cases without compensation, it is not pleasing to render such services when the proper acknowledgment and appreciation is withheld.

The operator will of course determine the condition of his patient's urine, heart and arteries, and other constitutional condition, be sure that the stomach is in a proper condition, and advise his anesthetizer accordingly in their consultation when determining the particular anesthetic, just previous to the commencement of the anesthesia.

The operator should consider his anesthetizer very carefully and, if he is not sure of his qualifications, must not conclude because he does well with ether that he will do equally well with chloroform. Greater skill and familiarity is necessary with chloroform than with ether, and no doubt the lack of this accounts in a measure for its greater danger. He should not expect impossibilities of his anesthetizer or become irritated if the patient is not relaxed and profoundly under the anesthetic; as it quite often occurs that the anesthetizer is doing all that can be done and is as sorely perplexed as the operator. An appreciation of each other's capabilities and temperment is of service. An operator is said to be in sore distress when he quarrels with his instruments.

While the anesthetizer will have all restoratives that may be needed in readiness, yet it is wisdom on the part of the operator to see that such is the case. He should be sure that the patient is free from anxiety and fear, so far as possible, and many times an assurance to the patient that they are all right; that a competent person is going to administer the anesthetic, and that they will be carefully watched, will have a most satisfactory and quieting effect. If possible, the patient should not be within hearing of the noise incident to the preparatory proceedings. There should be no unnecessary noise or talking. I am not advocating a solemn funereal demeanor, but a quiet, cheerful, confident one. If any of you has ever been through this ordeal, you will fully appreciate the position of patient and friends. The operator and his assistants should be all ready, or know exactly when they will be, before directing the anesthetizer to commence.

If one has a competent man at the head of the table, how much less anxiety and easier a difficult operation becomes, for so often the surgical work taxes us to our full capacity.

And finally, the operator should fully comprehend every detail of anesthesia, that he may, if necessary, not only be of assistance in determining the particular anesthetic from a pathologic standpoint, but that, in an extreme complication, there may be room for two competent ones; or perchance he may be forced to accept the services of one who is not thoroughly familiar with the exact remedies and measures necessary to combat a toxic condition, and to save his patient, himself and his reputation, because the reputation of every operator is in a measure in the hands of the anesthetizer. Death will occasionally occur from an anesthetic, no matter who gives it, or how clever he may be, from causes beyond our control; but let us be in a position if death does occur on the table that we can conscientiously feel that every precaution was taken.

In conclusion, gentlemen, to my mind the anesthetizer quite equals the operator in his responsibilities and is only second to a perfect aseptic technique.

Infantile Paralytic Mummy.—Dr. J. K. Mitchell of Philadelphia described a mummy found by the Flinders Petrie expedition in a village south of Cairo, on the edge of the plain. The date of the mummy is 3700 B. C. It was found enclosed in a coffin made of a sycamore tree, careful estimation of the rings of which showed it to have been at least 300 years old. One of the legs of the mummy is considerably shorter than the other. At first it was suspected that a thigh was broken. There is no evidence of this. A staff was found in the coffin with the mummy. Notwithstanding this there is no evidence of any tilting of the pelvis or any curve in the spine. It seems clear, then, that some prothetic apparatus was used upon the lame leg so as to compensate for its shortness. This was probably a high-soled shoe of some kind. The femur of the lame leg is shorter and smaller in diameter than the femur on the other side. This seems to point to an atrophy of the part. This atrophy was probably due to an anterior poliomyelitis, occurring at a very early age, or perhaps even intra-uterine life. This is the earliest case of anterior poliomyelitis on record. The earliest case of infantile paralysis known before this was that of Jonathan's son Mephiboseth, who, Professor Osler thinks, was affected by the disease.—*Med. News.*

DIABETES MELLITUS.

BY WM. HENRY, M.D., HARMON, ILL.

Diabetes mellitus is recognized by its high specific gravity of urine, with an excessive amount of sugar and the great amount of urine voided. There is always muscular weakness, great thirst, emaciation, pulmonary complications, phthisis, bronchitis and pneumonia; in many cases there are boils and carbuncles. No distinct mention of the disease is found in the writings of Hypocrates.

Celsus describes it in clear terms, mentioning both the great increase of urine and wasting of the body.

The name diabetes was first applied to it about the middle of the first century, Areteus and Galen being the first authors in which we find it thus described. Several writers of the Middle Ages mention it. Willis observed the sweet taste and smell of the urine, which he ascribed to the presence of sugar. Morton in 1675 detected the same properties in the urine of diabetics. Dobson, Pole, Home and Cowley proved the correctness of Willis' idea by separating the sugar from the urine. In 1787 Rollo noticed that vegetable foods were injurious for food in these cases. Areteus thought that it was due to disease of the stomach.

In 1815 M. Chevreul demonstrated that diabetic sugar resembled that obtained from starch. In 1823 Tiedemann and Gmelin found that sugar is a normal product of digestion of starchy substances. Ambrosian in 1835 showed the presence of sugar in the blood. Claude Bernard tried to ascertain where sugar was destroyed in food given to animals in their blood during the progress of the circulation. He found that when saccharine food was given sugar could be found in considerable quantities in the blood of the portal vein, the vena cava and the right side of the heart; but in the blood on the left side no trace could be found of sugar. It might be that the oxidation of the blood in passing through the lungs might change it, and in this way all traces could be destroyed by the oxygen taking the place of the carbonic acid which is in the venous blood.

Sex.—Males are more subject to the disease than females. It occurs at all ages, from childhood up to advanced old age. It is most common during adult life. In a table given by Giresinger,

the maximum occurred between 30 and 40 years of age. Among women there were two decades, between 10 and 20 and 20 and 30.

The influence of heredity does not seem to have much influence in these cases. It is found most often among fat persons with a tendency to neuralgia and nervous troubles. Sedentary habits and free indulgence at the table are favorable for the development of diabetes.

Race.—Seems to have some influence. While it is very rare among the negroes, it is very common among the Jews.

Climate.—It is said to be very difficult to estimate the influence of climate. It is said to be very rare in Holland, Russia, Brazil and the Antilles, it being more common in England, France and certain districts of Germany, as Thuringia and Wurttemberg, and of India, especially of Ceylon.

Causes.—Generally shock to the brain or spinal cord, softening of the brain medulla oblongata, seem to have a powerful influence; excessive mental exertion and sexual excesses are exciting causes.

Symptoms.—There is increased thirst, excessive urination, weakness, emaciation; sometimes there is a ravenous appetite, cutaneous eruptions, eczema, boils, carbuncles, high specific gravity of the urine, nervousness, dry, harsh skin; there is often dyspepsia, epigastric pains, constipation; pains are often complained of in the lumbar region, in the back of the legs and joints; or chills or heat are felt in the extremities; cramps are very common, especially at night.

The progress of the disease is usually not very rapid; they may linger in some cases for a long time. Death usually occurs from some complication of diabetes, as pneumonia, phthisis or gangrene of the lungs; there is often amblyopia or dimness of vision. Diabetes mellitus and diabetes insipidus resemble each other; there are large quantities of urine. Sugar may occur in urine after eating starchy or saccharine food. The medulla oblongata has been affected in many cases. The meninges of the brain have been found adherent or there have been found edematous and tuberculous deposits. The kidneys are usually large and hyperemic. In my opinion, the nervous power to control the oxygen in the lungs to change the sugar which passes into the arterial circulation is the main cause of diabetes mellitus. The prognosis

depends considerably on the age of the person affected; the younger the more unfavorable the case.

I have had some cases of diabetes mellitus; one now, which I am treating. He is a young man, about 23 years of age; has been treated by different physicians, but unsuccessfully. He came to me about three months ago; was troubled with boils over his neck and along the spine; passing large quantities of urine; feeling weak; said that he was unable to do a day's work; could eat, but his food did not seem to give him strength; felt all of the time weary; had dizzy spells, as he described it; as fast as one batch of boils were gone, as he expressed himself, another came; complained of pain in the bowels and in his legs; was nervous; felt despondent; thought that there was poor hope of his recovery. I put him on a non-starchy diet; gave him specific directions about his diet. Then put him on arsenauro in small and increasing doses, until it was pushed to toleration. He has been taking the remedy about three months, and says that he now feels better in every way, and feels as though he will get well. The boils and carbuncles have about ceased to come; the pains have nearly all gone, and he feels stronger; says that he can work now and does not get tired; the secretion of his urine has diminished; does not feel so thirsty. He says that he thinks another bottle of the medicine will make a cure for him.

CASE 2.—In 1884 I was called to see a man who was sick. I found him in a very bad condition. He passed nearly eight quarts of urine every 24 hours, with a very heavy specific gravity, 1050, and great thirst, and could not get enough to drink; very weak and emaciated; cough; skin dry and hot. I restricted his diet; gave him diabetic bread gluten; no starchy food; gave ergot; then I commenced giving him nitroglycerine pills, $\frac{1}{100}$ grain, every three hours. I had counsel in his case. Dr. Wynn of Dixon, Ill., and Dr. Anthony of Sterling, Ill. They each gave a very unfavorable prognosis, saying that he would not get well; but I kept at him until he got well. I might enumerate other cases, but think that these are sufficient to illustrate my point.

WHY I USE PEPTO-MANGAN "GUDE." AN EXPERIMENTAL DEMONSTRATION.*

BY WM. KRAUSS, PH.G., M.D., MEMPHIS.

Director of the Microscopic Laboratories, Memphis Medical College; Pathologist and Visiting Physician to St. Joseph's Hospital, etc., etc.

Some five years ago I wrote a paper for the *Memphis Medical Monthly*, giving a résumé of the evolution of the iron compounds, and appended a report of cases giving blood counts, etc. The manufacturers of the preparation I preferred saw fit to reproduce the case reports in their pamphlets, but said nothing about the reasons that induced me to prefer their product.

At a recent joint meeting of physicians and pharmacists I was criticised for opposing the use of ready-made compounds, while still advocating the use of Pepto-Mangan "Gude," which is a proprietary preparation. I hesitated considerably about bringing the matter up again, because I dislike to build up a reputation as an endorser, *and have never in any other instance written an article endorsing a proprietary preparation.*

I hope, however, to show you this evening that there is no pharmacopeial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you this evening and show you the reasons for the faith that is in me. There may be other proprietary iron compounds, and doubtless there are, that will come up to the same requirements, but I see no advantage in swapping the devil for the witch.

It is not necessary to repeat all the tests with all the official iron preparations, because they are divisible into groups, all the salts of one group behaving very much alike toward the gastric and intestinal juices.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is, that they decompose the substances in the intestinal tract which precipitate the *food iron*, so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get results from them. On the other hand, it is far more rational to use an iron compound that can be and is absorbed, for then we are reckoning with

*Read before the Memphis Medical Society.

known quantities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic and intestinal juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are representatives, we notice upon the addition of this gastric juice, that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice.

The tincture of ferric chloride will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of *dialized iron*, the acid passing through the animal membrane; when the iron finally reaches the intestine the alkaline carbonates promptly precipitate it. Ferrous sulphate behaves similarly. In both instances, as you see, the very insoluble ferric oxide is finally formed. If you have ever tried to remove iron stains from your water pitcher, you have some idea how insoluble it is.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are re-precipitated in the intestine.

Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanide readily gives the iron reaction; excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulphid; the alkaline copper solution gives the reaction for pepton, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chlorid. Being a pepton, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulphid; this will precipitate it, but presumably much of the iron must have been absorbed before it encounters this gas; if not, appropriate agents should be used for its elimination.

Therapeutically, it does not nauseate, constipate, discolor the

teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.—*Memphis Lancet*, April, 1900.

Tonsorial Antisepsis in Boston.—The Board of Health of Boston has issued an order enforcing cleanliness in barber shops in that city, its provisions being that "the place of business of all barber shops, together with all the furniture, shall be kept at all times in a cleanly condition. Mugs, shaving-brushes, and razors shall be sterilized by immersion in boiling water after each separate use thereof. A separate clean towel shall be used for each person. Alum or other material used to stop the flow of blood shall be used only in powdered form and applied on a towel. The use of powder puffs is prohibited. Every barber shop shall be provided with running hot and cold water. No person shall be allowed to use any barber shop as a dormitory. Every barber shall thoroughly cleanse his hands after serving each customer.—*Med. Rec.*

Missouri State Medical Association.—Quite a successful meeting was held at Mexico May 15, 16 and 17. Jefferson City was selected as the next place of meeting. The following new officers were elected: President, Doctor U. S. Wright, Fayette; first vice president, D. C. Grove, Marshall; second vice president, J. R. Fritts, Mexico; third vice president, R. S. Kelso, Joplin; fourth vice president, Thomas Chowning, Hannibal; fifth vice president, F. E. Murphy, Kansas City; recording secretary, B. C. Hyde, Kansas City; assistant recording secretary, W. A. Braeklein, Higginsville; corresponding secretary, C. R. Dudley, St. Louis; treasurer, J. F. Welch, Salisbury.

The following delegates to the American Medical Association were selected: S. C. James, C. A. Ritter, J. D. Griffith, Nannie P. Lewis, Franklin E. Murphy, H. C. Crowell, J. N. Jackson, A. H. Cordies, C. Lester Hall, G. O. Coffin, Kansas City; F. J. Lutz, Wm. A. McCandless, L. Bremer, A. R. Kieffer, St. Louis; J. R. Fritts, Mexico; H. W. Latham, Latham; W. A. Braeklein, Higginsville; J. M. Allen, Liberty.

CORRESPONDENCE.

SOCIAL PURITY AND DANGER FROM THE COMMUNION CUP.

As an answer to Miss Elizabeth B. Grannis, president of the Social Purity Society, New York, who criticised what I said of the danger of contagion from a common communion cup, I had this to say: First, that such an idea as the clergy not contracting disease, and thus proving that there is no danger in the communion cup, is so completely absurd that I shall not even take the trouble of speaking of it. I called attention to one point, that is that the two cases which I had mentioned were, in my eyes, as simple and as clear as anything could be in the world; the one happened at a Trinity Church altar, the other at St. Ambrose Missionary altar in this city. Do not forget I said I am a doctor. In my opinion and in the expression of it there can be no hypocrisy, and if I should be called upon to prove what I have said I can do it.

Professor Duncan Bulkley some time ago wrote a pamphlet entitled "Syphilis of the Innocents," which showed that many persons contract this disease without any immorality. Much to the astonishment perhaps of Miss Grannis, even old maids may contract this disease. Miss Grannis seems to believe that I am "a young bachelor;" she is mistaken in that, and I may be mistaken in my idea that she is an old maid.

As to the tuberculous, they are to be found at all communion altars; and I can say out of my own experience that a great number of them are entirely innocent. There are other diseases, for instance pneumonia, cancer, diphtheria, even cholera, etc., which may appear there and ask for their victims.

I do not speak as a man who has discovered something particularly new; there are hundreds of thousands in the profession who believe in this and know it well. I do not think there is any one of us who does not believe in it, and if Miss Grannis knows any medical man who does not believe in it, then let us know his name.

ALBERT S. ASHMEAD, M.D., New York.

WAS IST LOS MIT DER AMERICAN CHEMISTS?

Vide the following correspondence:

MANNHEIM, GERMANY.

HOCHWOHLGEBOREN HERRN. DR. ALBERT S. ASHMEAD,
New York.

Hochgeehrter Herr Doctor—Might we so trespass upon your time and good nature to ask your honor to write us up a little article giving your experience with our preparation *antileprine* in the treatment of leprosy. We would like to use it in this way, that is, have it published in the German *Zeitschriften*, and afterwards have it put in a circular which we would wrap about each bottle that we sent out. You, of course, understand that we only make prescription goods; never advertise to the public, and therefore any article you might favor us with would reach members of the profession only. In return for your kindness we should be pleased to send you a few dozens of the preparation, and would remit you whatever you deemed proper.

Mit Vorzüglichster Hochachtung,

Als Ew. Hochwohlgeb, Ergebenster,

EASEL UND DUMM,

Fabrik Chem.—pharm. Producte.

[Reply.]

NEW YORK.

MESSRS. EASEL & DUMM, Manufacturing Chemists, Mannheim,
Germany.

GENTLEMEN:—I admit that men who can give health approach the gods, and therefore I thank you and enclose, according to your request, the note recommending your remedy for an incurable disease. I think Drs. Dumkoff und Brüder, of your German *Zeitschriften*, will not refuse to publish it for you when they see my name appended. They are so very friendly to me. At any rate it is only fair to you that the remedy should become known. Our American chemists are so much inferior to you Germans, that you can always depend upon us professional ignoramuses to prefer German made remedies, if only stamped "Easel und Dumm." Your *antitoxines* for tuberculosis and telaux were really wonderful.

With respectful greetings I sign myself your friend and devoted

DR. ASHMEAD,

Office of the editors of the *Great Zeitschrift*.

BERLIN, GERMANY.

SEHR GEEHSTER HERR DR.

The American representative of our *Great Zeitschrift* will signify to you our desire of asking you for an article on the subject of *Brachycephalene* in leprosy of not more than 300 words, for which, if acceptable, we will send you our paper free and would pay you *Marks*. He will also introduce to you Mr. Pumpnickel, who will give you some valuable information with regard to the composition and process of making this remedy. He is also the American advertising agent for the German chemists who manufacture the article.

Als. Ew. Hochwohlgeb. Ergebenster,
DRS. DUMMKOFF UND BRUDER, Redaction.

[Reply.]

NEW YORK.

DRS. DUMMKOFF & BROS.,

Editors of the *Great Zeitschrift*, Berlin, Germany.

DEAR SIR:—I hope that the remedy you are interested in introducing to the American profession may have all the virtues that you feel yourselves justified in attributing to it. I confess that I shall be very diffident about its efficacy until I have seen unmistakable proofs of its power. You see, we get incredulous after having witnessed so many German failures—Koch's tubercular, Behring's tetanus serum, etc. These remedies in our hands have proved themselves utterly worthless. Should I have the time, and when there is a fall in the price of American ink, I shall take pleasure in recording my experiences.

With distinguished consideration I am, very honored doctors,
your very devoted

ASHMEAD.

Another one! and still they come:

DARMSTADT, GERMANY.

HOCHGEEHRTER HERR DOCTOR.

Observing an article from your pen in *Janus*, Amsterdam, on the subject of leprosy, we desire to have you write us a short one extolling the virtues of our remedy in skin diseases. It will please us to send you a check for the same, when delivered, if acceptable, and we beg to remain,

Mit der besten Glückswünschen, sur Jabreswechsel, etc., etc.,

HORNLOS UND COMP.,

Fabrik-Chemisch, etc.

You see, Mr. Editor, that the Germans know how to do these things better than we Americans, and what an *intimacy* there is between the German medical editor, the German chemist and the latter's advertising agent in America. There was a time when the American chemists, Powers & Weightman, Rosengarten & Sons, of Philadelphia, were supreme with the American medical profession. Why have they been supplanted by the Eisel & Dumms and Heinlos and Companies of Mannheim and Darmstadt?

ALBERT S. ASHMEAD, M.D.

Æsculapius and His Temple.—The early history of the medical art centers more or less round Æsculapius and his shrine, and some very interesting details concerning his great temple at Epidaurus are given in a paper which Dr. W. S. Colman read not long since before the Medical and Physical Society of St. Thomas's Hospital, and which has since been published in the *Hospital Reports*. Dr. Colman gives us a vivid picture of the strange combination of religion, medicine, and downright charlatanism which characterized the "cures" at this once famous spot. Just as many centuries later Rabelais found it necessary to disguise his political disquisitions in literary garments of strange, even repulsive make, so the followers of Æsculapius found it answer to avail themselves of the superstitious proclivities of the sufferers for the purpose of inducing them to place themselves under conditions favorable to recovery. That the priests did not trade exclusively on superstition and ignorance may be inferred from the ample provision made for baths, gymnastics, and orthopedic exercises. The treatment, or shall we say service, seems indeed to have been a blend of the open-air treatment of consumption with a trace of the modern massage establishment (testified to by the existence of a temple devoted to Aphrodite in the immediate neighborhood), a course of calisthenics à la mode Sandow, with the hydropathic and pine treatments thrown in. In those times acute diseases were presumably left to take care of themselves, and preventive medicine, except of the incantation kind, was unknown. They were not yet known to be preventible, so that the question why they were not prevented could not arise. Formerly the grateful patient accorded the credit of his recovery to the particular deity invoked by him, and formally recorded the fact in a votive tablet at the shrine or temple. Nowadays the physician or surgeon claims and is awarded the credit, if credit there be, and the "votive tablet" is presented to a medical society or printed in a medical journal for the edification of those who suffer, and as an invitation to them to go and do likewise.—*Med. Press.*

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
No. 5 SOUTH BROADWAY, ST. LOUIS, Mo., U. S. A.

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EDITORIAL DEPARTMENT.

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EDITORIAL.

A THREATENED FOREIGN INVASION.

We have been informed upon very good authority that an attempt will be made by the agents of foreign pharmaceutical products to obtain control of the section of *Materia Medica* and Therapeutics of the American Medical Association, at the coming meeting to be held at Atlantic City. The following from a leading chemical house in New York City, in the form of a telegram, tells its own story:

"We learn from good authority that the foreign chemical houses will attempt to elect their allies as chairman and members of section on *Materia Medica* of the American Medical Association at the Atlantic City meeting. Many good men are with them, without realizing the underhanded scheme, which is to discard American products and endorse only the foreign. We should expose the plot with all possible haste."

This is certainly expansion with a vengeance. We must say that we are most heartily opposed to such a scheme and every American physician should oppose such an encroachment. We do not desire to decry foreign products or frown down upon their use; but we do object to the attempt to even imply that Ameri-

can products are not good. The lever which it is attempted to employ is that many American products are copyrighted, only so far as their names are concerned. The foreign products, on the other hand, in the greatest number of instances, are not only patented in every country, but their manufacturers have attempted to have their manufacture and sale prohibited under any name. They are simply attempting to force their products and make them replace legitimate American ones with them.

The method by which this is to be attempted is deeply reprehensible. The tools they propose to use are the purely ethical members of the Association, and the argument is the unethical position of the proprietary remedies. They forget to mention that theirs are *patented*. They are superlatively honest and publish the exact formula in the shape of an organic chemical rational formula which would require the best talent of an organic chemist to unravel. This is very mysterious to the highly ethical gentleman and he is correspondingly edified. It is the occult which is accepted without question and to which wonderful qualities are attributed. The gentlemen who make these products pursue a legitimate business course when they issue literature, give samples and use honorable means to sell their products. But when they attempt to resort to trickery and underhanded means they make themselves contemptible, and their tools place themselves beneath contempt.

Far be it from our object to say that foreign products are not good, but we will unhesitatingly uphold that American ones are not bad. We contend that no foreign houses have the right, nor should they have the presumption, to meddle in or attempt to control the affairs of our national medical body. Americans are not justified in lending themselves to the furtherance of a scheme which was conceived in darkness and born in iniquity, as this one has been. The section on materia medica of the American Association cannot afford to be heaped with obloquy by discrediting American pharmaceutical preparations and stamping foreign ones with its seal of approval. It must see to it that there is fair play, and it is the bounden duty of every member of the Association to frown down upon every attempt to accomplish a nefarious purpose by fraud, duplicity and despicable as well as underhanded methods.

The question at issue has nothing to do whatever with the

respective merits of foreign or American products. The real point is in regard to "foreignizing" the American *Materia Medica*. Some prominent men have lent themselves to this ethical (?) movement and their shallow arguments need to be carefully watched and ruthlessly dissected to expose upon what a sham and a mockery they rest. The entire scheme has been well planned and sprung at such a late date in the hope that no timely warning would be given to the members of the American Medical Association. We have given due warning and we expect every one to govern himself accordingly. Our first duty is to our own. We can afford to be generous to others, but it is the only right and proper course for us to resent any foreign encroachments of the nature outlined above. Resistance is the only course left, and it should be firm enough to settle this matter for all time.

THE HEROIN QUESTION.

There has recently occurred quite an animated discussion concerning the relative merits of heroin and codein. In support of the former it has been said and apparently with truth:

"No recent remedy has enjoyed so extensive a popularity in the treatment of respiratory affections as heroin. This is evidenced by the voluminous literature that has appeared, especially in Germany and in this country. The results of the investigations of this drug in physiological laboratories and in clinical practice have shown beyond peradventure that it is a most important addition to the resources of the physician in the treatment of acute and chronic affections of the air passages, especially in the various forms of bronchitis, pneumonia, and phthisis. Considering the fact that it has often been given in excessive doses after-effects have been exceptionally rare, as evidenced by the fact that only four cases are on record among the thousands which have been reported. Even here the after-effects referred to were mild and attributable to an idiosyncrasy. This subject is summed up most graphically by Dr. Manges (*New York Medical Journal*), who states that 'the general conclusion is that these effects have occurred in a surprisingly small percentage of cases, when it is borne in mind that in so many instances the larger doses (one-sixth of a grain) have been employed. Even the effects which have been recorded are only relatively simple, and in no case was there any serious effect noticed. These after-effects are de-

cidedly of less frequent occurrence and of milder degree after heroin than those from morphin or codein.' "

It is most probable, as it appears to us, that each one is an excellent remedy when exhibited in the proper manner and in indicated cases. The question is far from being decided, and further study should be devoted to this most interesting question in therapeutics. We shall always be pleased to hear from our readers on this matter.

THE AMERICAN ASSOCIATION MEETING.

The coming meeting of the Association promises to be a most successful one in point of numbers, in view of the fact that some very important matters are to be brought up for the consideration of its members. We allude editorially to one in this number of the JOURNAL. A good programme is promised us, and we feel ourselves justified in promising the members a more than ordinarily good feast in the way of medical pabulum. The first week of June promises to be a memorable one in the annals of the Association, and every physician who can possibly do so should avail himself of this opportunity of attending. Elaborate preparations are being made for entertainments, and, in addition to these, it will be a rare opportunity to bathe in the surf at Atlantic City, not to mention the various other pleasures connected with the seaside resorts, among which this one holds a deservedly high place and well-earned reputation.

The Committee of Arrangements has succeeded in obtaining rates which will prove reasonable to all members. To many it will be the event of a lifetime and should not be permitted to pass by without having taken advantage of it. The railroads have all promised liberal rates, and among the best of these, both as regards accommodations and cheapness of fare, none excels the Baltimore and Ohio Southwestern. Its "Blue Flyer" is unsurpassed by any railroad; its road has been newly ballasted, and it offers a means of reaching Atlantic City which is unsurpassed. Its accommodations are palatial, the service is beyond criticism, and it passes through the finest scenic country in the eastern part of this country. We can conscientiously recommend this road to all who contemplate attending the meeting of the Association, and would even urge them to take it, knowing it as we do.

To our readers living west of St. Louis we would give the advice of going via the B. & O. Southwestern R. R.

MEDICAL PROGRESS.

MEDICINE.

A Tapeworm Extracted Through the Mouth.—Dr. E. W. Ludlow reports the following interesting case in the *Cleveland Medical Gazette*:

Being asked to prescribe for a boy of 10 who had worms, calomel and santonine were given with the usual directions as to fasting, and a saline after the drugs above mentioned. A report was received the next day that at about noon of the same day, and six hours after giving the calomel and santonine, the boy was taken with a choking spell, exclaiming that he was dying. Opening his mouth it was found full of tapeworm, of which some twenty feet were extracted through the mouth, when the worm broke. In the course of an hour he passed from the bowel a piece fully as long as that which came from the mouth. The worm was brought to me in such a condition that it was impossible to find the head if it was present. After several days rest and preparatory fasting, I gave an emulsion of pumpkin seeds and ethereal extract of male fern, with the effect only of free purgation. None of the worm has been seen since, and over two months have elapsed. The interesting feature of the case was the presence of the worm in the stomach and esophagus. The santonine and calomel probably stirred it up and it lost its way, getting into the stomach, where, on account of the gastric juice it found its way into the esophagus and mouth.

Diet in Typhoid Fevers.—Dr. Fred. C. Shurtleff, of Los Angeles, Cal., says that much has been written both pro and con in reference to this or that article of diet in the management of typhoid fever. It is a settled fact that the food must be fluid, highly nutritious and easy of digestion, for the maintenance of nutrition is imperative in this wasting disease. Milk is probably the most extensively used and will form the main article of diet so long as fever lasts. I have used milk in nearly all its various forms in the care of my cases, from frozen or boiled sweet milk to butter milk, from sweet milk, milk with lime water to that partially digested with pepsin or pancreatin when digestion was enfeebled. The tendency in milk diet is to overfeed by forcing

too large quantities at one feeding and thereby cause a disgust for that diet upon which we have pinned our faith. If one insists upon an absolute milk diet not infrequently will you find your patient has gone without it rather than take it. They fret under its administration, digestion is interfered with, curds swarming with bacteria of decomposition are found in the increased diarrheal discharges, plus the bacteria of typhoid fever already existing; hence the object which we wish to attain so far as it is possible (that of rendering the gastro-intestinal tract aseptic) is defeated from the outset by error in diet. I have often been puzzled as to what to substitute for milk in this class of cases until the stomach became more tolerant. I have tried various farinaceous substances and discarded them on account of the increase of flatulency they almost invariably produced.

For some time past I have tided my patients over their critical period by tablespoonful doses of liquid peptonoids every two hours, giving nothing else in the way of nourishment but the above remedy. I cannot speak too highly of this elegant preparation where digestion is below par, as a highly nutritious food that will not curdle upon the stomach, or leave a residue in the intestinal tract. It is a slightly stimulating food, consequently your cases as a rule will require less alcoholic stimulants—a great desideratum in some cases. I do frequently carry through my cases of typhoid successfully where no other article of diet is given from the time I make the diagnosis until convalescence is firmly established, and I call the attention of the profession to it for that class of cases in which milk cannot be taken.—*Southern California Practitioner*.

THERAPEUTICS.

Ichthoform.—S. Rabow and B. Galli-Valerio have made an extensive experimental study of ichthoform, a combination of ichthyol and formalin, which leads them to the following conclusions: (1) Ichthoform when added to cultures has no power of directly killing bacteria, although it restrains their development. (2) It possesses a decided deodorizing power when mixed with fecal matter. (3) Neither frogs nor guinea-pigs react unfavorably to even large doses. (4) It can replace iodoform externally and internally as an efficient intestinal antiseptic.—*Med. News*.

Pulmonary Tuberculosis.—In an article on "The Treatment of Consumption," in the *International Medical Magazine*, Dr. W. Blair Stewart of Atlantic City, N. J., says: The basis of my treatment rests on a formula, which is frequently modified, as follows:

- ℞ Guaiacol carbonatis gr. xv.
 Strychnin sulphatis gr. j.
 Resin capsici gr. iij.
 Ammonii chloridi,
 Quinin bisulphatis, of each gr. xxx.
 M. Ft. capsule No. xxx.
 Sig. One every four hours.

—*Med. and Surg. Bulletin.*

Enteralgia.—

- ℞ Spiritus ammonii aromatic. ʒj.
 Spiritus chloroformi ʒj.
 Spiritus camphoræ ʒij.
 Tincturæ hyoscyami ʒiv.
 Ext. cannabis indica fluidi ʒj.
 Tincturæ cardamomi comp q. s. ad. ʒvj.

M.

Sig. Two teaspoonfuls in water every hour or two until pain is allayed.

—*Jour. Amer. Med. Association.*

Bright's Disease.—

- ℞ Copaiba resin gr. x.
 Diluted alcohol ℥ xv.
 Spirit of chloroform ℥ x.
 Syrup of ginger ℥ xl.
 Mucilage of acacia ℥ lxxx.
 Water, to make 1 fluid ounce.

M.

Sig. Tablespoonful, or the whole at a dose.

—*Merck's Archives.*

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

A Case of Intestinal Obstruction from a Hair-Ball.—Dr G. W. Brewster writes as follows to the *Boston Medical and Surgical Journal*:

May 30, 1899, I was called to Manchester, N. H., to see the patient, E. B. H., in consultation with Dr. Boutwell. The patient, a girl of ten, had been sick two weeks. The symptoms at first pointed to indigestion. After repeated and un-

availing attempts to move the bowels symptoms of complete obstruction came on.

I saw the patient fourteen days after the onset of the attack. She was very much emaciated, with a pinched and anxious-looking face. Her eyes were partly closed. She was lying on her back with her knees drawn up, moaning and partly stupid. Pulse 110, but very weak and irregular. Temperature 99°. The abdomen was not tender on palpation, but was symmetrically distended. Coils of intestines could easily be seen through a thin abdominal wall. In the median line over the region of the bladder was felt a sausage-like mass about the size of half a banana. This was slightly compressible, freely movable, and could be pushed from one side of the abdomen to the other.

The diagnosis of intestinal obstruction was made and operation advised. A bad prognosis was given owing to the condition of the child, who was almost moribund.

The patient was moved to the Sacred Heart Hospital, where the operation was performed.

On opening the abdomen in the median line above the umbilicus, distended and collapsed intestines presented. The mass was felt up under the liver and was drawn out of the abdomen. It was situated in the small intestine. As it could neither be pushed along the intestine or broken up, the bowel was incised and a mass of hair was delivered. The incision in the intestine was closed by interrupted Lembert sutures of silk, and the abdomen closed with a gauze wick to the intestinal suture.

In spite of a rapid operation the patient steadily failed and died five hours later.

Subsequently I have learned that the girl had a habit of chewing the ends of two curls which were long and hung over her shoulders. Her teacher at school had tried to break the habit without success.

The hair-ball measured three and one-half inches long and four and one-half in circumference. It was composed of long and short hairs firmly matted together.

A Hair Ball in the Stomach.—Dr. John Homans reports to the *Boston Medical and Surgical Journal* a similar one in London in 1866, under the care of Mr. Knowsley Thornton. A young woman of about 25 years of age had a sausage-shaped tu-

mor in the region of the transverse colon. It was about ten inches long and its exact nature could not be made out, but it seemed to be within the colon. When Mr. Thornton opened the abdomen the tumor was found to be in the stomach and on opening the stomach the tumor was found to occupy its long axis and to consist of a mass of hair, nine inches long by two and a half wide, which had been gradually swallowed during the past twelve years at the daily morning and evening combings, the hair combed out at those times having been twisted up, put in the mouth and swallowed. The patient recovered. As it was the first time he had seen the stomach opened, the case made a strong impression on him.

DISEASES OF WOMEN AND CHILDREN.

Reduction of the Size of the Shoulders in Difficult Labor.—M. E. Bonnaire mentions in detail the various procedures which have been recommended to reduce the bisacromial diameter in breech extraction. In cephalic delivery the two clavicles and the sternum are less exposed to fracture or dislocation than in a breech delivery, because the shoulders are not very movable after the arms have been released on each side, and the clavicles can in some way glide down and be safely delivered. The looseness of their attachment to the sternum and to the acromial process is great, the internal fibro-cartilaginous disc is soft and thick, and the upper part of the thorax is exceedingly elastic, owing to the softness of the infantile ribs. The reduction of three centimetres, which it is necessary to obtain in the diameter of the shoulders, depends upon two factors: the fixation of the clavicles and the yielding of the soft parts. The author explains the relative importance of these details, and shows how this can be accomplished by cleidotomy, the clavicles then forming a V shape. The operation has never been performed upon the living infant. It is indicated in all cases of extraction of the shoulders absolutely or relatively too large, in preference to all other mutilating operations. It is to be performed: (1) In cases of pelvic deformity when the shoulders are arrested at the superior strait or in the pelvis after the extraction of a crushed head; it is then less dangerous for the maternal parts than the bringing down of the arms; (2) when the shoulders are absolutely too large

to pass through the pelvis; (3) in cases of rupture of the uterus, or of threatened rupture, when it is essential to reduce to a minimum the necessary efforts of the uterus for the expulsion of the shoulders. The operation of cleidotomy is simple and is performed with ordinary scissors, such as are used for embryotomy. They must be strong and long, however. The cutting is done with the index and middle fingers as guides. The operation is elegant in that the fetus is not much mutilated, it is easy of execution, and renders extraction of the fetus easy.—*Presse Médicale*.

The Diagnosis and Management of Cystitis in Women.

—This was the subject of a paper read by Dr. Abram Brothers at a meeting of the New York Obstetrical Society held on March 13th. The author referred to the symptomatology of the disease in its acute and chronic forms, and emphasized the fact that with the modern means of exact diagnosis of vesical conditions obscure lesions were no longer a mystery. "Irritable bladder" was now a myth. The author had been working chiefly with the Nitze cystoscope, and believed it to have advantages over the Kelly instrument, in that the bladder was directly illuminated and a larger area could be seen in each field. The position of the patient, too, was easy, and no preliminary dilatation or anesthesia was necessary. Further, the interior of the bladder was distended by a fixed quantity of an antiseptic, transparent medium (boric-acid solution). The author then related the various visible changes in the bladder in disease, and said he accepted Casper's classification: (1) Change in color and lustre. (2) Increased capillary circulation. (3) Swelling. (4) Changed secretion. Inspection of the bladder was positively contraindicated in acute inflammations, but was allowable in all forms of subacute and chronic inflammations. Dr. Brothers narrated in detail the treatment of the various forms of vesical inflammation, insisting upon as early an examination of the bladder cavity as was permissible for the establishment of an exact diagnosis. He then showed the Nitze instrument, comparing it as he exhibited it with the instruments devised by Kelly. He alleged simplicity and greater ease of manipulation for the Nitze cystoscope.—*New York Medical Journal*.

SURGERY.

Ischemic Paralysis—Paralysis of a member with rigidity or contracture is sometimes observed following the application of a bandage, and the condition has usually been attributed to nerve pressure too firmly made or too long continued. In the latter event some importance has also been attached to want of use. On the other hand, interference with the blood supply, with the resulting nutritive disturbance in the muscles, has been thought to be the active pathologic factor. Necrobiotic changes have been found in muscles that have been rendered bloodless by circular constriction and also after exposure to severe cold. Once developed, the disorder has proved a most obstinate one. In a case in which such a condition developed in a child four and one-half years old, following a fracture of the humerus and the application of splints and a bandage, Page (*Lancet*, January 13, 1900, p. 83) secured a satisfactory result by lengthening the tendons of the affected muscles and long-continued massage and electric treatment. The disabled extremity was the seat of great pain, and the wrist and fingers were in a position of marked flexion. The ulnar distribution in the hand was anesthetic, and degenerative reactions were present in the affected muscles. Improvement was slow, but eventually quite considerable. The opinion is expressed that the condition, in this case at least, is not primarily or even in the main due to a nerve lesion, but is dependent upon the combined effects of pressure, immobility, and diminished blood supply upon the muscular elements, the connective-tissue elements, and the nerve elements present in the muscle.—*Medical Record*.

Puncture of Bones as a Diagnostic Procedure.—Tilman read a paper on this subject at the recent meeting of the German Naturalists and Physicians (*Wien. med. Wochenschr.*, January 6, 1900). He stated that this important resource was neglected by the profession, and recommended its adoption in the warmest terms. The superjacent skin should always be carefully aseptitized, but a preliminary incision of the skin was not advisable. By the aid of an electro-motor a fine steel perforator is forced into the marrow cavities of long bones, into the mastoid process, frontal sinuses, and cranial cavity itself. When necessary, this diagnostic opening may be enlarged for therapeutic

purposes, while under certain circumstances more radical procedures will be required, such as resections, craniectomies, etc. Puncture is applicable throughout the entire osseous system. The greatest care is requisite in making endocranial puncture, on account of the possibility of injury to the middle meningeal artery and sinuses.

If a bone is punctured with negative result, either a dry or wet aseptic dressing should be applied, and healing then results in a few days at most.—*Medical Review of Reviews*.

Points in Surgery.—Dr. William V. Morgan furnishes these to the *Medical Council*:

A soft chancre burneth away fast.

An uncut felon should be considered felony.

For lacerated perineum septic repair is worse than neglect.

“Milk-fever” belongs to the suckling stage of obstetric practice.

“Delayed shock” means either hemorrhage or sepsis; decide quickly and act boldly.

The golden rule for the passage of urethral sounds or catheters is, “Begin with the larger sizes.”

As well expect to hit a mark with a one-sight gun as to make a correct diagnosis from a single symptom.

Prolapsed funis calls for podalic version. Funis repositors should be left in repose. Delay means death.

Chloroform given near an open flame is likely to be decomposed into irritating and poisonous vapors.

In cases of obstruction of the bowel, with stercoraceous vomiting, lavage of the stomach, both before and after surgical interference, will greatly enhance the patient's chances of recovery.

In bad results following cutting of the anal sphincter for fistula, by carrying out the principles of Tait's flap-splitting operation, enough tissue can be placed within the anal aperture to enable the sphincter to exert retentive action.

One thing about which it is good to be “cranky” is adherent prepuce. Let no such pathologic condition escape you unrelieved. In convulsions of children, male or female, the prepuce should always be examined. Ten good digits in ten good minutes suffice to overcome the resistance of the most adherent prepuce that was ever hung to a boy.

A 10 per cent. solution of antipyrin is the sovereign remedy for vesical hemorrhage. From four to eight ounces may be allowed to remain in the bladder for thirty minutes. The glutinous tanno-pyrin is not so safe, from the fact that a small quantity left in the bladder may serve as a nucleus for the formation of a calculus.

Don't be too quick to promise a perfect result after dislocation at the shoulder. The circumflex nerve passes closely around the surgical neck of the humerus, and often takes serious and lasting offence at the traumatism. Paralysis of the deltoid prevents abduction of the arm, permits gradual elongation of the capsular ligament, and recovery from it is usually slow and incomplete; hence the wisdom of a lagging prognosis.

DERMATOLOGY AND SYPHILOLOGY.

The Nails of the Human Hand.—P. A. Minakoff has made an exhaustive study of the nails of the hand, some of the results of which he regards as of medico-legal importance. Among other things he asserts that the nails of the right hand in a right-handed person are wider by from one-half to two millimetres than the corresponding nails on the left hand; while in left-handed persons the reverse obtains, and in the ambidextrous the nails are of equal size on the two hands. The thickness of the nails diminishes progressively from the thumb to the little finger.—*Medical Record*.

Mercurial Teeth.—Jonathan Hutchinson says (*The Polyclinic*) that it is easy, in any case in which a full set of the permanent teeth has been cut, to tell whether the patient has taken mercury in infancy. A guess may also be made as to the exact age at which the mercury was given. The first molar is the tooth to look at, and its condition should be contrasted with that of the two bicuspidis in front of it. If the latter are white and sound whilst the molar is defective as regards its enamel, and is either destroyed by caries or shows projecting spines of exposed and discolored dentine, then it is almost certain that the enamel organ of the tooth was damaged by alveolar congestion in infancy. This tooth is the first of the second set to classify, and is therefore the most in risk of damage by mercurial stomatitis in very early infancy. Simultaneously with it, the canines and all the incisors frequently escape, whilst the two bicuspidis

almost always escape. If the mercury be given late in infancy, during or after the second year, then the first bicuspid may suffer also, but the hinder one almost invariably escapes. Long experience has convinced him that these points are trustworthy.—*Arch. Ped.*

A Substitute for Inunction in Mercurial Treatment.—Blaschko (*Berl. Klin. Woch.*, No. 45, 1899) has used the method first employed by Merget of impregnating the garments of patients needing mercurial treatment with some preparation of mercury. Welander used a powder consisting of forty per cent. of mercury, with zinc and aluminum in amalgam. Blaschko has used a modification of this method for two years among his out-patients with good results. A coarsely woven cloth is impregnated with a salve containing ninety per cent. of mercury. The cloth (made by the firm of Beiersdorf in Hamburg) is known as "mercolint." The manipulation is so exact that neither the salve nor the mercury is to be detected. Shirts made from the medicated mercolint are worn by the patient next the skin by night as well as day. In about four weeks their gray color changes to white, when it is concluded that all the mercury has been absorbed. Each shirt contains from ten to fifty grammes ($2\frac{1}{2}$ to $12\frac{1}{2}$ drachms) of mercury. After the use of this method mercury appears in the urine, and stomatitis with salivation is produced. Blaschko has found the method of therapeutic value in the different lesions of syphilis. It has marked advantage in obviating the inconveniences of fumigation and inunction, and it is as energetic as the injection method. He recommends it particularly in weakly patients, in those suffering from syphilitic anemia, in gravid women, and for infants.

GENITO-URINARY DISEASES.

Causes, Diagnosis and Treatment of Cystitis.—In the *Medical News* of April 7, 1900, appears a complete and comprehensive article with above title by Dr. Ramon Guiteras, a recognized authority on diseases of the genito-urinary tract. We reprint herewith portion of this paper on "Treatment of Cystitis Due to Tuberculosis."

In the treatment of tubercular cystitis, the practitioner encounters a condition that taxes all the resources at his command, and he errs, as a rule, on the side of too much rather than too

increases, while among the myopes 8 only decreased and 107 increased. Of the 34 eyes with mixed astigmatism 28 changed in their refraction; the majority demanded an increase in the strength of the glasses needed for the correction of both the principal meridians. The 200 patients represented an equal number of the male and female sex, and the changes found were almost equally divided between them. Occupation had only a very slight influence upon the increase or decrease in refraction. High grades of defect had a less tendency to change in their curves than medium or low defects, and increase of refraction was greatest in the third decade of life, with the first decade as a close second, and after the thirtieth year the proportion of increases showed a rapid decline. The decrease of refraction was at its minimum in the fourth decade, and in later years the tendency to decrease became more marked; the increase in refraction was most marked in the second decade, including 50 per cent. of the eyes, and afterward became rapidly less, while the decrease in refraction was most marked in the sixth decade, although found to exist in all seven decades.

NEUROLOGY.

An Epidemic of Intercostal Neuralgia.—Dr. Thomas F. Reilly of New York read a communication on this subject before the New York State Medical Association. The paper was founded on a series of fourteen cases, seen last summer within a period of five weeks, which had been characterized by chilliness and malaise, lasting for a few hours, and followed by pain along the intercostal nerves. This had increased rapidly in intensity, and had been associated with a mild febrile movement. After three or four hours the pain had disappeared and the temperature dropped. At the same hour on the following day the pain would recur, and after three or four days there would be, in most cases, a profuse herpetic eruption. The spleen had not been enlarged in any cases. In four of the cases the herpes had been along the course of the intercostal nerves; in eight it had been on the face. Pruritus of the entire body had been observed in several of the cases. Obstinate constipation had been a marked feature in nearly all. All the cases examined for leucocytosis had shown this condition to be present. In none had there been the tender point characteristic of ordinary intercostal neuralgia. Three

cases had occurred in one house, two in another, and two in still another house. The mean temperature of the atmosphere, according to the report of the local forecaster, had been slightly low for this period, but there had been no unusual meteorologic conditions. Quinine had seemed to have no effect, and a previous malarial history had been wanting. A very similar epidemic had been reported, the speaker said, in a small German city, and had comprised about one hundred cases. The reporter of these cases was of the opinion that it was an acute infectious disease. Strapping of the thorax with rubber plaster had given great relief in those cases in which there had been no eruption of herpes zoster present in this region.—*Medical Record*.

Criminal Morphimania.—The criminal morphine eater is said to be the most cunning of all the violators of the law, and Crothers, in the *Quarterly Journal of Inebriety*, enters into some of the reasons why this is the case.

The criminal under his favorite drug becomes a changed person; he is plausible, frank, perfectly honest and ready to explain away any accusation.

He mentions several cases from his observations in which the morphinist appears genial, self-reliant, open, honest and very frank.

They act as if they believe every word they said, which they perhaps do. But when the drug is withdrawn the true character shows up. Morphine may be said to cultivate the crime instinct. At all events, it prepares the way to certain criminal acts, which often have some previous predisposition. The perversion and damage to the higher centers which govern the ethical relations of life are always associated with morphinists. The criminal side of these cases is the physical wreckage and relations of the higher operations of the brain. The criminal who is a morphine taker is such a wreck. No exhibition of mental power and acuteness in such cases is evidence of clear sanity.

He considers this condition due in part to what may be called "palsy of the higher psychical centers."—*Charlotte Medical Journal*.

DISEASES OF THE NOSE, THROAT AND EAR.

The Bacteriology of Ozena.—Contrary to Loewenberg and to Abel, who regard a variety of Friedlander's bacillus—cocco-

bacillus of ozena, bacillus mucosus—as the cause of ozena, Perez finds that this annoying affection is caused by a special organism, which he designates as the cocco-bacillus fetidus ozenæ. The bacteriologic analysis of 63 cases—various forms of rhinitis, 32; ozena, 22; normal nasal fossæ, 9—forms the basis of the investigation of Perez. The organism of Loewenberg-Abel was found 17 times in the cases of ozena, 7 times in chronic rhinitis, and once in a perfectly normal nose. The cocco-bacillus fetidus ozenæ was found 7 times in 11 cases of fetid atrophic rhinitis, and once in 11 cases of atrophic rhinitis without fetor. The Loewenberg-Abel organism is regarded as the result of a secondary infection. The cocco-bacillus fetidus ozenæ is immotile, does not stain by Gram's method, is non-liquefying, non-fermenting in lactose, causes fermentation of urea, produces indol, and is pathogenic for guinea-pigs, mice, rabbits and pigeons. In nearly all cultures it produces the fetid odor peculiar to ozena. Experimentally it manifests a distinctly elective action on the nasal mucous membrane. Direct inoculation of the nose in the rabbit produces acute, subacute and chronic inflammations; in intravenous inoculations the principal result is hyperemia, hemorrhages and hyper-secretion of the pituitary membrane, the organism being recovered from the mucus. The animals appear sick and miserable, become emaciated and anemic. Bacillus mucosa does not produce fetor and has no special elective action on the nasal mucous membrane. For these reasons cocco-bacillus fetidus ozenæ is regarded as the true cause of ozena.—*Jour. A. M. A.*

Two Cases of Foreign Bodies in the Air Passages.—A. E. Wigg, in *Internat. Centrallb.*, etc., Feb., 1899, relates the following cases:

CASE 1. That of a boy, 4 years old, who while eating had a sudden attack of suffocation. The child was brought to the hospital in an unconscious condition, where rapid tracheotomy was done. The larynx and trachea were firmly held between the index finger and thumb of the left hand, and trachea cut down upon with a few rapid strokes of the knife; without fixing the trachea, it was opened and held apart with a forceps. A piece of bone was taken out which had lodged between the vocal cords. The author states that if the operation had not been so rapidly done the boy's life could not have been saved.

CASE 2. A woman, 30 years old, had had some teeth extracted under ether. One had slipped from the forceps and disappeared. Since that time patient had coughed after any attempt to move or talk. A tracheotomy was done, but the foreign body was not coughed out. Patient died, and at the autopsy a left-sided empyema was found, and a bicuspid was discovered wedged in a small bronchus of the left lung.—*Albany Med. Jour.*

ANTENATAL PATHOLOGY.

Congenital Infantile Paraplegia.—Dr. Cautley showed to the Harveian Society of London a boy of twenty-one months. He is the eighth child of a very healthy family, all the other children being alive and healthy. He was born at full time; labor being easy and not instrumental. He was entirely breast-fed for a year and partially so for another six months. Teething began at the eleventh month, and now eight teeth are cut. He was quite healthy until an attack of diarrhea and vomiting, followed by a fit, last October. After Christmas he had bronchitis and varicella, and has been worse in every way since. At present he is a large and well-nourished boy, with the exception of the lower limbs. These latter are small and ill-developed. The patellar and plantar reflexes are much exaggerated. He has never crawled, cannot stand, and raises himself with much difficulty into the sitting posture, which he maintains with ease. He appears mentally deficient. The weakness of the limbs was only noted in October, but has almost certainly been in existence since birth. There is not complete paralysis, for he moves the limbs freely when lying down. The case belongs to the group of paralytic affections included under the heading of congenital spastic paraplegia, and is of the variety in which no rigidity is present. It may be due to incomplete development or late development of the pyramidal tracts. Nothing indicates a past attack of encephalic or meningeal hemorrhage. Some of the children thus affected, recover completely.—*The Medical Press and Circular.*

TERATOLOGY.

Triplets, One of Which an Acardiac.—J. W. Ballantyne reports the following from the *Arch. f. Gynæk.* in the *Archives of Pediatrics*: The birth of triplets or quadruplets, one or two of which were acardiacs, has only been reported (according

to B. Wolff) thirteen times; the present case is, therefore, the thirteenth. The mother was thirty-one years of age and a primipara; the father was twenty-four, and his sister had once given birth to twins; there was no further family history of twinning. The first born child was a living boy who came by the head without help; the second fetus, a female, lay transversely, had to be turned, and did not breathe; both measured 41 cms. in length. Then followed, presenting by the feet, an acephalic fetus. There was post-partum hemorrhage. The living infant died when a day old. There were two separate placentas, one belonging to the female infant and the other to the male and to the monster. The latter had one chorion and two amnions. The umbilical cord of the acardiac fetus had one vein and one artery which anastomosed with the vessels of the male infant in the placenta. The monstrosity was a typical acephalus acardius.

PROCTOLOGY.

Treatment of Hemorrhoids.—According to J. Boas and F. Karewsky (*Therapie der Gegenwart*, November, 1899), in hemorrhoids a bland diet, especially sweet milk, is absolutely injurious on account of the lack of stimulation of the peristalsis. Great care should be paid to the toilet of the anal region after defecation, a solution of tannin or alum on a cotton wad being used. An ascending douche is of value. In giving enemata a soft sound should be used, and all irritating substances, like glycerin, salt, etc., should be avoided. Except in extreme cases purgatives should not be given. To control hemorrhage, which occurs even when the feces are normal, a teaspoonful of fluid extract of hamamelis Virginica in a wineglassful of water three times a day for four weeks, then twice a day for another month, is to be recommended. If the hemorrhage is severe a powerful dose of opium should be given and the bleeding spot tamponed with gauze. After it has been arrested for three days a dose of castor-oil is to be taken.—*Jour. A. M. A.*

MEDICO-LEGAL.

Ten Thousand Dollars for a Leg.—For a previously strong and healthy man with a life expectancy of thirty-three or thirty-four years, and earning \$1080 a year as a switchman, the Court of Civil Appeals of Texas holds, in the Gulf, Colorado and

Santa Fe Railway Company vs. Warner, wherein the Supreme Court has denied a writ of error, that \$10,000 is not excessive damages for serious and permanent injuries, requiring the amputation of his leg midway between his knee and hip-joint, and causing him intense suffering, and confining him to his bed for about eight weeks, and to his house much longer.—*Jour. A. M. A.*

Copyright in Lectures.—The *Medical News* for October 7th refers editorially to a recent decision of the English high court of justice in a case in which the defendant was Lord Rosebery, the ex-premier of England, while the plaintiff was the *London Times*. The noble lord, in furnishing speeches for a forthcoming volume, *Appreciations and Addresses*, to his publisher, John Lane, copied almost *verbatim* the text of certain speeches from the parliamentary reports of the *Times*. The *Times* brought suit to restrain publication of the volume, contending that its report of the speeches was covered by copyright, and that the speaker had no right in the premises so far as the form of the speeches went.

The decision was rendered in favor of the *Times*. The argument of counsel was that unless a man takes the usual steps to secure the copyright on a lecture before its delivery, when once it is delivered it becomes public property. As to the rights of the newspaper in the matter, it is conceded that it is the reporter who gives form to the matter, and it is in this that the copyright lies. The reporter corresponds to a translator from a foreign language, and just as a translation may be copyrighted so may the report of a speech.

As American law follows English law very closely in this matter, says the *News*, it is evident that those who are present at medical lectures may bring out such lectures and secure a copyright on them. Of course a lecturer has his protection in being able to secure a copyright before the delivery of a lecture, but he may seldom be in a position to have his lectures in such shape as to take advantage of this right. The *News* suggests that he might, however, copyright certain important lectures of a course before their delivery, so that the set would be noticeably incomplete without them, and thus secure the same object as in copyrighting the whole course in advance.—*N. Y. Med. Jour.*

BOOK REVIEWS.

Manuel Complet de Gynecologie Médicale et Chirurgicale.
Per A. LUTAUD. Nouvelle Edition entièrement refondue contenant la Technique Opératoire Complète. 8vo. pp. 712. Et 607 figures dans le Texte. [Paris: A. Maloine, 23-25 Rue de l'Ecole de Médecine. 1900.

Complete Manual of Medical and Surgical Gynecology. By A. LUTAUD. New revised edition entirely rewritten, containing the complete Operative Technique. 8vo., pp. 712, with 607 Illustrations.

The manual before us is certainly large and complete enough to almost merit the name of Treatise. The author is a well-known gynecologist in his own country, and he has deservedly earned a good reputation. He is progressive and modern in his ideas, and he is broad in his views. He is rather inclined to favor the medical treatment of women's diseases, and is an ardent supporter of the pessary for the correction of uterine displacements and deviations. In this, as in all parts of the work, the descriptions of the conditions which are presented, are thorough and easily understood. The methods of treatment which follow are made so clear that, as the author himself states, the country practitioner may carry them out with success. At the risk of being considered revolutionary he has devoted a chapter to the mineral water treatment of the different forms of metritis. He thinks that the French thermal stations have been too much neglected in this respect during the past few years.

The plan of the work is one which will easily recommend itself to every reader. The book is divided into eight parts, as follows: Part 1. Anatomy, embryology, physiology, teratology, deformities of the female genital organs. Part 2. Methods of examination; procedures of diagnosis and treatment. Part 3. Minor gynecological surgery. Part 4. Diseases of the vulva, of the bladder, of the vagina, and of the perineum. Part 5. Diseases of the uterus; inflammations; tumors; operations practiced on the uterus. Part 6. Peri-uterine inflammations and infections. Part 7. Peri-uterine tumors; hematocele, ectopic pregnancy. Part 8. Ovarian and peri-ovarian tumors; ovarian cysts.

From this it will be seen that the subject of women's diseases is handled not only in a thorough manner, but in a systematic one as well, in a manner which is rational and in accordance with the more modern methods based upon anatomical considerations. But the principal characteristic of this book, and one to which the author has devoted a large share of his attention, is the care which he has devoted to a careful description of technique in the

different operations, not only for the major operations implicating the abdomen and involving large extirpations, but for those minor procedures of a more modest character, which may be done by country practitioners. The autoplasmic operations, like perineorrhaphy, colporrhaphy, etc., which are to-day attended to by all practitioners, receive very detailed attention and are minutely described.

The author is eminently up to date, and he devotes much attention to the methods of prominent gynecologists of to-day. The latest operative procedures of Segond, Doyen, Kelly, Pozzi, and Ricard are clearly given. American gynecologists are often and favorably mentioned, and it is only the published experiences of the best men, dating not further back than two or three years, that are given.

A valuable feature of the book is the illustrations, numbering over five hundred, which serve to elucidate the text in a thorough manner. Those which appeared in the two preceding editions of the work have been discarded and have given place to better and more satisfactory ones. The type and paper are superior, and the publisher can well be proud of the work he has placed before the French profession. We hope that English reading gynecologists may soon have an opportunity of reading a translation of this masterly exposition of the subject in their own language.

Suggestive Therapeutics and Hypnotism. Being a Special Mail Course of Thirty-eight Lessons on the Uses and Abuses of Suggestion. By HERBERT A. PARKYN, M.D., C.M. 8vo., pp. 334. With many Plates. [Chicago: Suggestion Publishing Co. 1900. Price, \$10.00.

Suggestive therapeutics and auto-suggestion in the treatment of diseased conditions are awaking the attention of a large number of intelligent physicians, and some have become enthusiasts on account of the good results which they have obtained by those means. It is a therapeutic means which is now but in its infancy, and its full value has not yet been completely developed.

In the work before us, which is the second edition, the author endeavors to convey in print that which he imparts, in a much more satisfactory manner, orally and with clinical demonstrations in the Chicago School of Psychology. He advances his theories carefully and backs them up with sound arguments, endeavoring to impress the truth of what he says with logical reasons. He is very complete in his descriptions of the methods to employ, and carefully avoids all appearances of charlatanism. He does not advocate the entire discarding of all drugs, but attempts to show how many can be dispensed with and successful results obtained.

Perhaps no stronger opponent to faith cure, so-called metaphysicians, Christian scientists, and mental healers, could be found than the author of the book before us. He does not pre-

tend that incurable diseases can be cured. Thus Bright's disease, congenital chorea, and a number of such troubles, will not be cured by suggestive treatment. Being a good physician himself, he does not hesitate to state that so-called marvellous cures of incurable diseases have been diagnosed by the patients themselves or by ignorant physicians. Throughout the book the author gives evidence of a logical treatment of his subject, and, far from impressing the reader with the marvellous nature of the treatment, he endeavors to show its reasonableness and simplicity.

At the request of many he has added, in this edition, several chapters on stage hypnotism and the tricks of stage hypnotists, who for the most part are entirely ignorant of the subject, and are limited to a few stock tricks for the amusement of their audiences. Their fallacies are exposed and the methods of true hypnotism are given, as also the applications by which it may be made useful, in dentistry, in surgery, as well as in many other branches of the healing art. There is nothing mysterious or occult in the whole subject, nor is any claim made that the hypnotizer must be possessed of wonderful powers. A close study of Dr. Parkyn's lessons and a strict adherence to the principles laid down by him, will enable any intelligent physician to reach the same results as he daily demonstrates at his clinic.

The book is well worth studying, and the methods given are worth a serious trial. From the reports made it must be good, and this book is certainly to be recommended to all physicians.

International Clinics. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the Profession Throughout the World. Edited by HENRY W. CATTELL, A.M., M.D., With the Collaboration of JOHN ASHHURST, JR., M.D., LL.D., CHARLES H. REED, M.D., and JAMES T. WHITTAKER, M.D., LL.D. With Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. Vol. I., Tenth Series. 1900. 8vo. pp. 315. Illustrated. [Philadelphia: J. B. Lippincott Co. 1900. Price, cloth, \$2.00; half leather, \$2.25. By subscription only.]

As will doubtless be observed by the readers of *International Clinics*, this number presents a most radical change. In the first place the editorial corps has been changed, all being of Philadelphia with the exception of Dr. Whittaker. The character of the contents has also been changed, the idea being to eschew rare cases in favor of such as may be of more practical benefit to general practitioners. In other respects the make-up and general appearance of the volume is the same as those of its predecessors.

sors. A novel feature which has been introduced is a department on the Progress of Medicine, occupying some hundred or more pages. All these changes will, no doubt, be received with satisfaction and add to the already great popularity of this series. The change, whilst not a radical one, has been sufficiently marked and of such a quality as to impress favorably new subscribers and retain the old ones, who will continue a publication which will no doubt prove more useful than ever.

The present volume opens with four articles on Disease in the Philippines and Camp Sanitation, by Drs. Simon Flexner, Louis F. Atlee, Henry la Motte and Victor C. Vaughan. The paper On the Use in Therapeutics of Cacodylic Acid and Its Derivatives, by Dr. Armand Gautier, is timely and important. Leprosy is the title of a well illustrated article by Prof. O. Lassar. Dr. George K. French contributes a well-written article on Ether in Confinements, and endeavors to dispel many erroneous ideas hitherto entertained by both the laity and the medical profession. Operation on the Mastoid Antrum is a very good as well as practical lecture by Dr. F. C. Hotz. We have picked out these few articles as an indication of the numerous other good articles and lectures to be found in this volume. So far as the Report on the Progress of Medicine in 1899 is concerned, it is a critically written digest by Dr. Henry W. Cattell and N. J. Blackwood, which will be found of great value to the practitioner of medicine.

Taken all in all, International Clinics retains the high position which it has acquired, and we would urge all to subscribe to it if they desire a valuable addition to their libraries.

On Diabetes Mellitus and Glycosuria. By EMIL KLEEN, Ph.D., M.D. 8vo. pp. 313. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$2.50 net.

This monograph is one which is timely and well written, by an author who has had more than ordinary experience in the observation and treatment of the subjects of which he writes. A long residence at Carlsbad, the Mecca of diabetics, has given him unusual opportunities, and he has not failed to utilize them to advantage. He has very judiciously differentiated between diabetes mellitus and glycosuria, and perhaps his own descriptions may indicate the general tenor of the book. Thus, he states that "When the power of consuming the ingested and digested carbohydrates is but little or momentarily impaired, and when the pathologic excretion of sugar, under ordinary mixed diet, only slightly exceeds the traces of sugar found in normal urine, or is but transitory, the condition is not called diabetes mellitus, but *simple glycosuria*." But, "When the excretion of sugar becomes considerable and more persistent, and disappears when the carbohydrates are decreased or withdrawn from the food, the

condition, which generally is accompanied by other more or less well-defined symptoms, constitutes the *mild stage of diabetes*."

Beginning with this definition the author takes up the history of the disease, following this up with a description of the geographical distribution, and an account of the etiology of the condition. Having considered this point, a description of the glycosurias is given. Whilst a classification cannot yet be attempted, he avoids such a procedure, but describes the various forms with much care and precision. The symptoms and complications of diabetes form the subject-matter of a very important as well as interesting chapter, which should be closely read and analyzed; another very interesting chapter is that on diabetes mellitus, following Extirpation of the Pancreas. It is proven that the diabetes is a direct result of the extirpation of the gland.

Chapter VIII is a very useful one, as it deals with the investigation of a case of diabetes. In this the author details the various tests for sugar, their comparative reliability and their faults. Among other things he commends highly Dr. Ludwig Bremer's (of St. Louis) interesting and important discovery in regard to the color changes brought about in the diabetic blood and its red blood corpuscles, by the use of certain dyes. The author also alludes to Dr. Bremer's color test with the urine. The next chapter is devoted to the Treatment of Diabetes, and it is here that the author demonstrates the great value of his work.

The value of this monograph may be surmised from the hasty outline which has been given, and we are sure that no physician in search of light will fail to obtain a copy of it. The original appeared in Swedish, and met with so much favor that the author translated it into English, Dr. Eshner, of Philadelphia, revising the translation. As it stands now it is a well-written book, full of reliable information, written by an expert who has devoted years to the study of the intricate subjects of diabetes and glycosuria.

LEA'S SERIES OF POCKET TEXT-BOOKS.

Chemistry and Physics. A Manual for Students and Practitioners. By WALTER MARTIN, Ph.B., M.D., and WILLIAM A. ROCKWELL, JR., M.D. Series edited by BERN. B. GALLAUDET, M.D. 12mo., pp. 374. Illustrated with one hundred and thirty-seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.50 net; flexible red leather, \$2.00 net.

This is a most appropriate number of this handy series, and it has been constructed with unusual care so as to cover the subjects it embraces in a manner that shall be of most advantage. No attempt has been made to write a compendious work, but

rather to consider more fully those compounds which are of medical interest, either therapeutically or physiologically. In the same manner, the part devoted to physics has more space allotted to electricity than to specific gravity and allied general subjects. Optics also receiving particular attention.

Inorganic chemistry is so considered as to be of practical value to the student, and this ever difficult subject of organic chemistry is so simplified as to place it within easy reach of the ordinarily intelligent student or practitioner. Taken all in all, this volume is a good one, and its teachings are thoroughly reliable, so that it may be used with perfect confidence as a remembrancer by those who have studied the subjects and grown a little rusty upon some particular point. The very complete index and ease of reference are salient points which will recommend this book to all.

Paralytic Deformities of the Lower Extremities. The Principles of their Surgical Treatment. By E. NOBLE SMITH, F.R.C.S. Edin., L.R.C.P. Lond., &c. Small 4to., pp. 99, with 51 Illustrations. [London: Smith, Elder & Co., 15 Waterloo Place. 1900. Price, 5/.

Whilst all but too short, this little book will be found of the highest interest by those who have examples of paralytic deformities of the lower extremities come under their care. The reputation of the author as an orthopedic authority is sufficient guarantee of the worth of the book. He has not taken into full consideration the diseases and accidents which give rise to these deformities; but has taken pains to describe them and to discuss the questions which naturally arise in deciding which would be the most effectual treatment to adopt. No attempt has been made to describe any but typical examples for the purpose of explaining the general principles of the surgical treatment of these affections. Infantile paralysis comes in for a large share of attention, and justly so, in our estimation. In the appendix two interesting cases are detailed, one of fracture of the spine in the lower dorsal region, operated with subsequent partial restoration of walking power; the other, one of compression of the spinal cord by a vascular growth, cured by laminectomy.

The publishers have made a handsome little book of this, and no practicing surgeon can well afford to do without it.

The Refraction of the Eye. A Manual for Students. By GUSTAVUS HARTRIDGE, F.R.C.S. 12mo. pp. 269. Tenth Edition. With One Hundred and Five Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.50 net.

We have already had occasion to review the book before us, and the fact that a tenth edition has been called for is sufficient evidence of its value as a text-book. The present edition has been revised and brought up to the latest advances made in the

subject with which it deals. The author is very explicit in his descriptions of the various methods of examination, such as the indirect, direct, and retinoscopy. In fact, he is so clear and explicit that he renders easily comprehensible those portions of the subject which to the majority of students and practitioners are a *terra incognita*. He makes his subject so clear that, by the aid of this little book, any physician is enabled to fit glasses properly for any error or refraction. We are pleased to note the popularity of the book, for it evidences not alone an increased interest in the subject, but a desire to acquire a working knowledge of the elements of ophthalmology. We expect ere long to record the appearance of the eleventh edition of this valuable and popular handbook on refraction.

Injuries to the Eye in their Medico-Legal Aspect. By S. BAUDRY, M.D. Translated from the Original by ALFRED JAMES OSTHEIMER, JR., M.D. Revised and Edited by CHARLES A. OLIVER, A.M., M.D. With an Adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by CHAS. SINKLER, Esq. 12mo. pp. 161. [Philadelphia: The F. A. Davis Co. 1900. Price, \$1.00 net.

This is a book which cannot but find a place in the library of every medico-legal expert, and it is one which every oculist should read with care, in view of the fact that he may be called upon at any time to give expert testimony in regard to an alleged injury to the eye produced in a manufacturing concern. The author enters thoroughly into the subject of the prognosis in cases of injuries to the eye, pointing out the differences between the results of injuries and diseases, the method of determining the age of an injury, and all those other questions in which an expert knowledge is demanded.

Medico-Legal Expert Testimony is taken up in the first chapter and fittingly closes an excellent little book. Its popularity in France may be judged from the fact that it is in its second edition in that country. We have no doubt that it will meet with equal success in this country as it becomes better known.

The Anatomy of the Brain. A Text-Book for Medical Students. By RICHARD H. WHITEHEAD, M.D. 8vo. pp. 96. Illustrated with Forty-one Engravings. [Philadelphia: The F. A. Davis Co. 1900. Price, \$1.00 net.

This is a rather concise book on the anatomy of the brain, but it has been prepared with much care, and it has been well illustrated. The author makes his subject very clear by omitting matters of minor details and subjects which are still controverted. He has chosen the Latin terms adopted by the German Anatomical Society at its meeting in Basel, inserting these parenthetically after the names commonly adopted in this country. He

conforms to the neurone theory in his descriptions, thus adding much valuable material in the way of an introduction to the larger works. The book possesses many superior advantages, and is such an one as every student of modern works on diseases of the brain should have as an aid to their proper understanding. The illustrations are sufficiently numerous and quite demonstrative. The whole of the make-up of the book is good.

Suggestion: The Secret of Sex. By C. WILBUR TABER.

12mo. pp. 97. [Chicago: Chas. H. Kerr & Co. 1900. For Sale by the Author, 10 E. 17th Street, Minneapolis, Minn. Price, \$1.00.

There seems to be a wave of impulse these late years which induces individuals to claim the power to control the sex of unborn children at will. Dr. Schenck's theory was purely material, certain food determining the matter. He based himself upon physiology. The writer of the essay before us uses psychology as his foundation, and claims infallible results. He states that "the id or germinal spots, in the germ of each sex, represents the characteristics of the sex, both mental and physical." Furthermore, "while the character of the motion of the germ of each sex may be essentially different, it is the dominance of the inherent movement of one molecular germ over the other, that controls the sex." Those of our readers who desire more details can do no better than buy the book.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

The Anatomy of the Brain. A Text-Book for Medical Students. By Richard H. Whitehead, M.D. Large 8vo., pp. 96. Illustrated with Forty-one Engravings. [Philadelphia: The F. A. Davis Co. 1900. Price, \$1.00 net.

Injuries to the Eye in Their Medico-Legal Aspect. By S. Baudry, M.D. Translated from the Original by Alfred James Ostheimer, Jr., M.D. Revised and Edited by Charles A. Oliver, A.M., M.D. With an Adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq. 12 mo., pp. 161. [Philadelphia: The F. A. Davis Co. 1900. Price, \$1.00 net.

Suggestion: The Secret of Sex. By C. Wilbur Taber. 12mo., pp. 97. [Chicago: Charles H. Kerr & Co. 1900. For sale by

author, 10 E. Seventeenth Street, Minneapolis, Minn. Price, \$1.00.

The Refraction of the Eye: A Manual for Students. By Gustavus Hartridge, F.R.C.S. 12mo., pp. 269. Tenth edition. With One Hundred and Five Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1900. Price, \$1.50 net.

Suggestive Therapeutics and Hypnotism. Being a Special Mail Course of Thirty-eight Lessons on the Uses and Abuses of Suggestion. By Herbert A. Parkyn, M.D., C.M. 8vo., pp. 334. Second edition. Illustrated. [Chicago: Suggestion Publishing Co. 1900. Price, \$10.00 net.

Manuel Compler de Gynécologie Médical et Chirurgicale. Par A. Lutraud. Nouvelle Edition entierement refondu contenant la Technique Opératoire Complète. 8vo., pp. 712. Et 607 figures dans le texte. [Paris: A. Maloine. 1900.

International Clinics. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., with the Collaboration of John Ashurst, Jr., M.D., LL.D., Charles H. Reed, M.D., and James T. Whittaker, M.D., LL.D. With Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. Vol. I., Tenth Series, 1900. 8vo., pp. 315. Illustrated. [Philadelphia: J. B. Lippincott Company. 1900. Price, cloth, \$2.00; half-leather, \$2.25. By subscription only.

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Chemistry and Physics: A Manual for Students and Practitioners. By Walton Martin, Ph.B., M.D., and William R. Rockwell, Jr., M.D. Series Edited by Bern. B. Gallaudet, M.D. 12mo., pp. 374. Illustrated with One Hundred and Thirty-seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1900. Price, cloth, \$1.50 net; flexible leather, \$2.00 net.

Paralytic Deformities of the Lower Extremities; The Principles of Their Surgical Treatment. By E. Noble Smith, F.R.C.S. Edin., L.R.C.P. Lond., etc. Small 4to, pp. 99. With 51 Illustrations. [London: Smith, Elder & Co., 15 Waterloo Place, 1900. Price 5/.

MELANGE.

Hotel Victory.—

St. Louis, Mo., April 28, 1900.

MR. T. W. MCCREERY, Mgr. Hotel Victory,

Put-in-Bay Island, Lake Erie, Ohio.

My Dear Sir—Nothing is so essential to the well-being of children as getting away from the dust and heat, not to speak of the sewer gas, which surrounds them in large cities. Every child, from birth to the age of fifteen, should for the summer go where



Wee Guests at Hotel Victory Listening to the Song-Birds in Victory Park.

nature presents its most attractive garb. Pure air and sunshine is the thing, and out-door life is their salvation.

I know of no place which can appeal more successfully to the appreciation of the medical profession and the public than the children's paradise which you have at Put-in-Bay Island. It is not too far away, but just far enough, for the denizens of the Mississippi Valley. It is a complete change, and being upon the lake front the bracing breezes of the lake will always be in evi-

dence. I can conceive of nothing more healthful, charming and generally delightful than a room in your magnificent Hotel Victory, fronting, facing and overlooking Lake Erie.

Could I have my way I should be glad to see all the children of our Central, Southern and Western States comfortably located with you from June to September. I am sure that the children, when they stop from their play there long enough to think, can but be glad to live and have the chance to breathe your balmy breezes; to be thoroughly satisfied with all within their reach, and look up at the stars at night with a greater degree of thankfulness than is usual with them. I am confident that the environment with you is favorable to good digestion, good sleep, kindness of heart and gentleness of manner, and that if one puts in at Put-in-Bay they will put in many a day of joy and gladness.

Very truly yours, I. N. LOVE, M.D.,

President American Medical Editors' Association.

Maryland Building, St. Louis, Mo.

Death of a Leper Confined Ten Years in a Hut at the Chester County, Pa., Almshouse.—Extract from the *New York Sun* of May 10, 1900:

PHILADELPHIA, May 9.—A heap of bones in the corner of a rude wooden hut within the enclosure of the Chester County Almshouse is all that remains of John Anderson the leper, who for the past ten years had been an inmate of the hut. He died some time during the night, alone on the bare boards. He was one of the few cases of genuine leprosy found in this country (?). He was placed in the hut a decade ago, and since that time his only visitors have been scientific men who have watched the progress of the disease. A little wicket was made in the door of the hut, and through this his food was given day after day by a keeper who was on watch all the time lest the leper escape. Anderson was a sailor in early life. He was fifty years old.

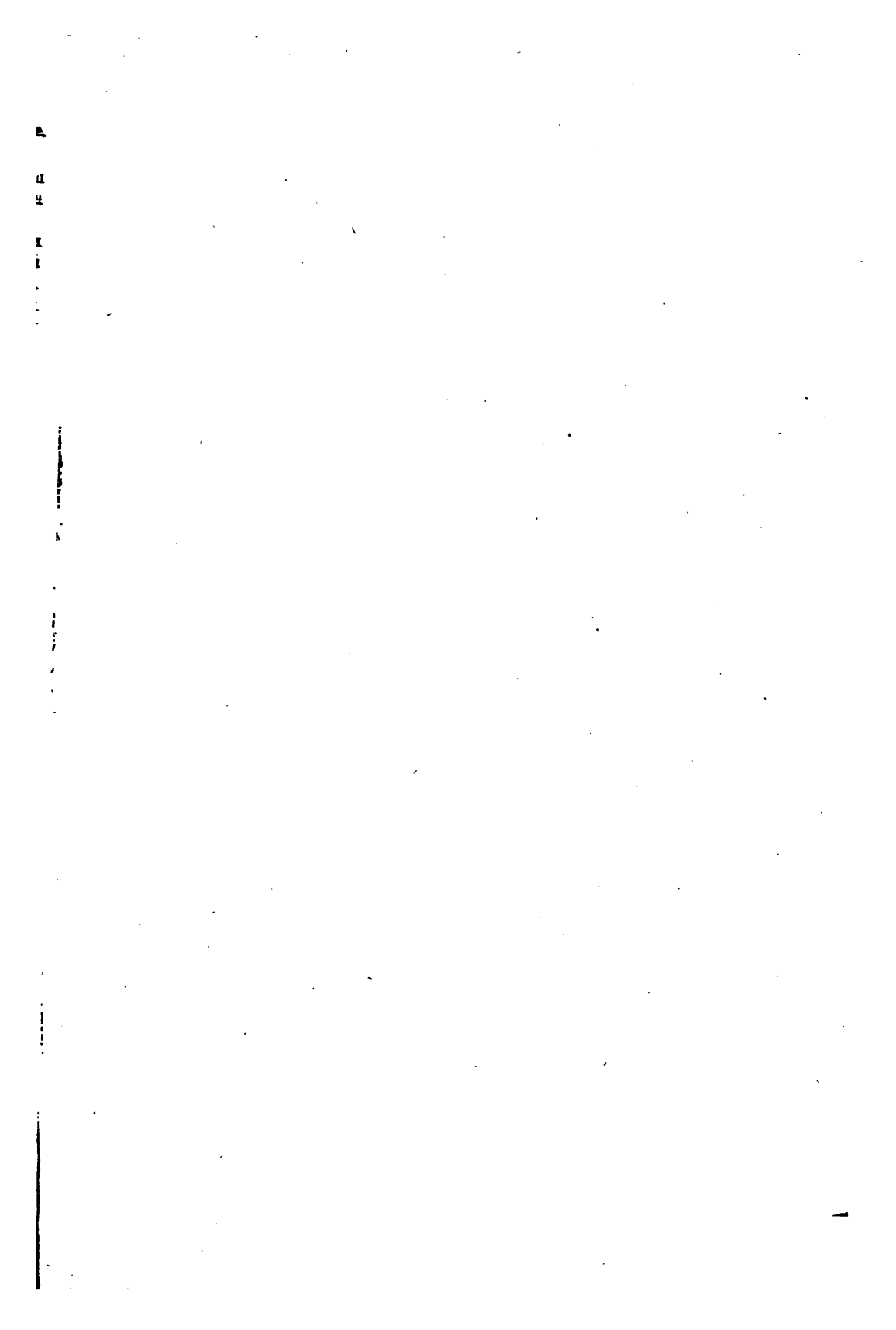
NEW YORK, May 10, 1900.—John Anderson, the leper, died last night alone in his Delaware County, Pa., wretchedness, without the soothing influence of his religion.

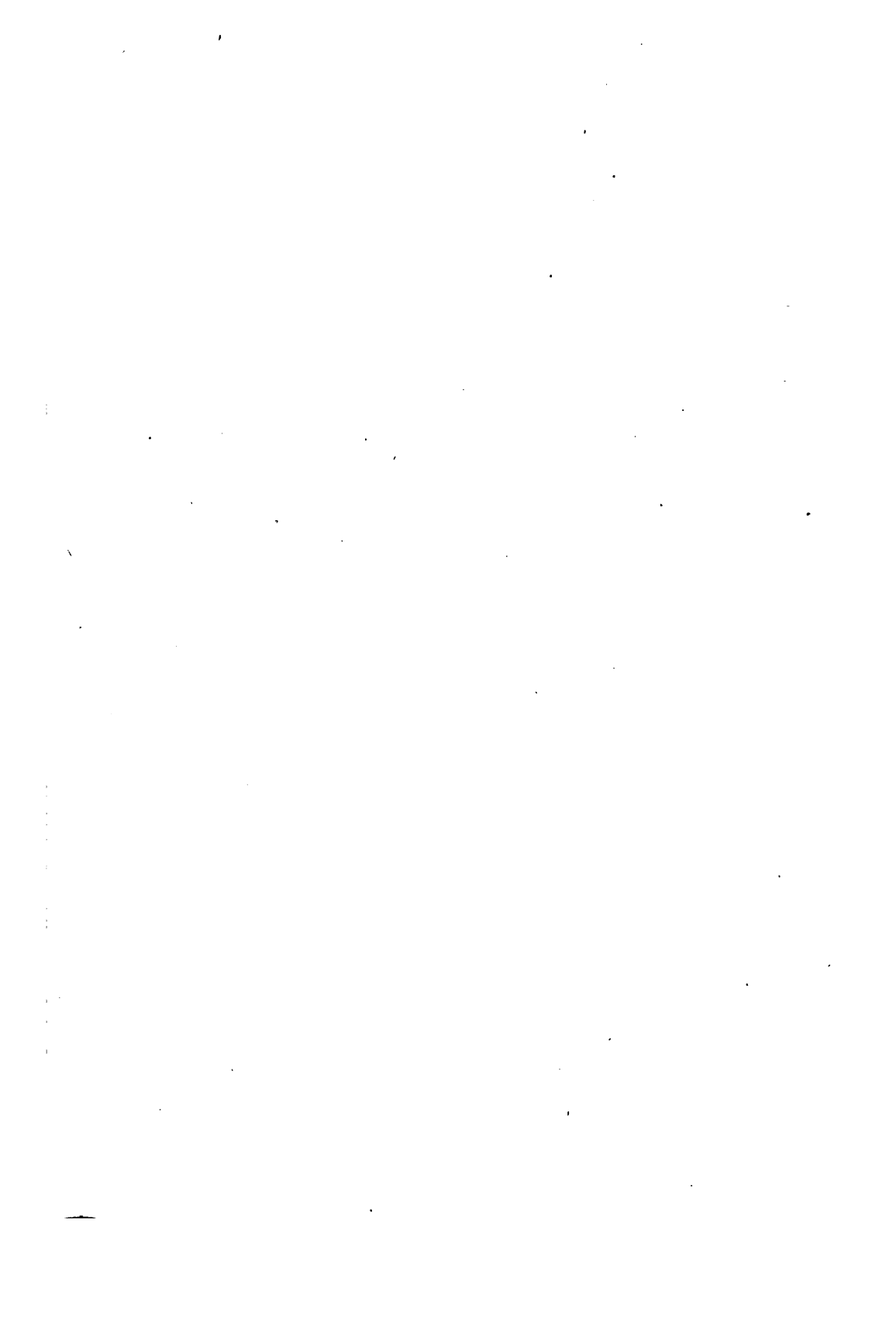
Like the story of the unfortunate Frenchman called Leesurque were poor John's sufferings; but under another Directory, after another reign of terror, and in the dawn of the twentieth century! Both were well connected, and men of excellent repute.

I dare say that the sun shines blithely to-day in old Chester, as it is spring, and the usual fragrance fills the air, while this upright, kind man stands in the presence of his Maker, God—an innocent soul guillotined from a corruptible body, now consigned to the more charitable, sheltering arms of mother earth.

And as usual the newspapers will end their reports of the performance with the words: "The justice of man is satisfied."

ALBERT S. ASHMEAD, M.D.









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